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ABSTRACT

GRADES OR AGES: K-12. SUBJECT MATTER: Health. ORGANIZATION AND PHYSICAL APPEARANCE: The guide is divided into several straight-text chapters interspersed with diagrams and lists. It is mimeographed and spiral-bound with a paper cover. OBJECTIVES AND ACTIVITIES: General objectives for the health program are outlined in an introductory chapter. The major portion of the guide consists of a detailed content outline for each grade level, guidelines for developing teaching units, and numerous sample units. The sample units include specific objectives and lists of related activities. INSTRUCTIONAL MATERIALS: Lists of teacher and student references, audiovisual aids, and sources of materials are included. STUDENT ASSESSMENT: Guidelines for evaluation include hints on developing written tests, the use of observation in assessing student attitudes, lists of standardized tests, and a sample student health history form and health habits checklist. (RT)

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HEALTH EDUCATION GUIDE

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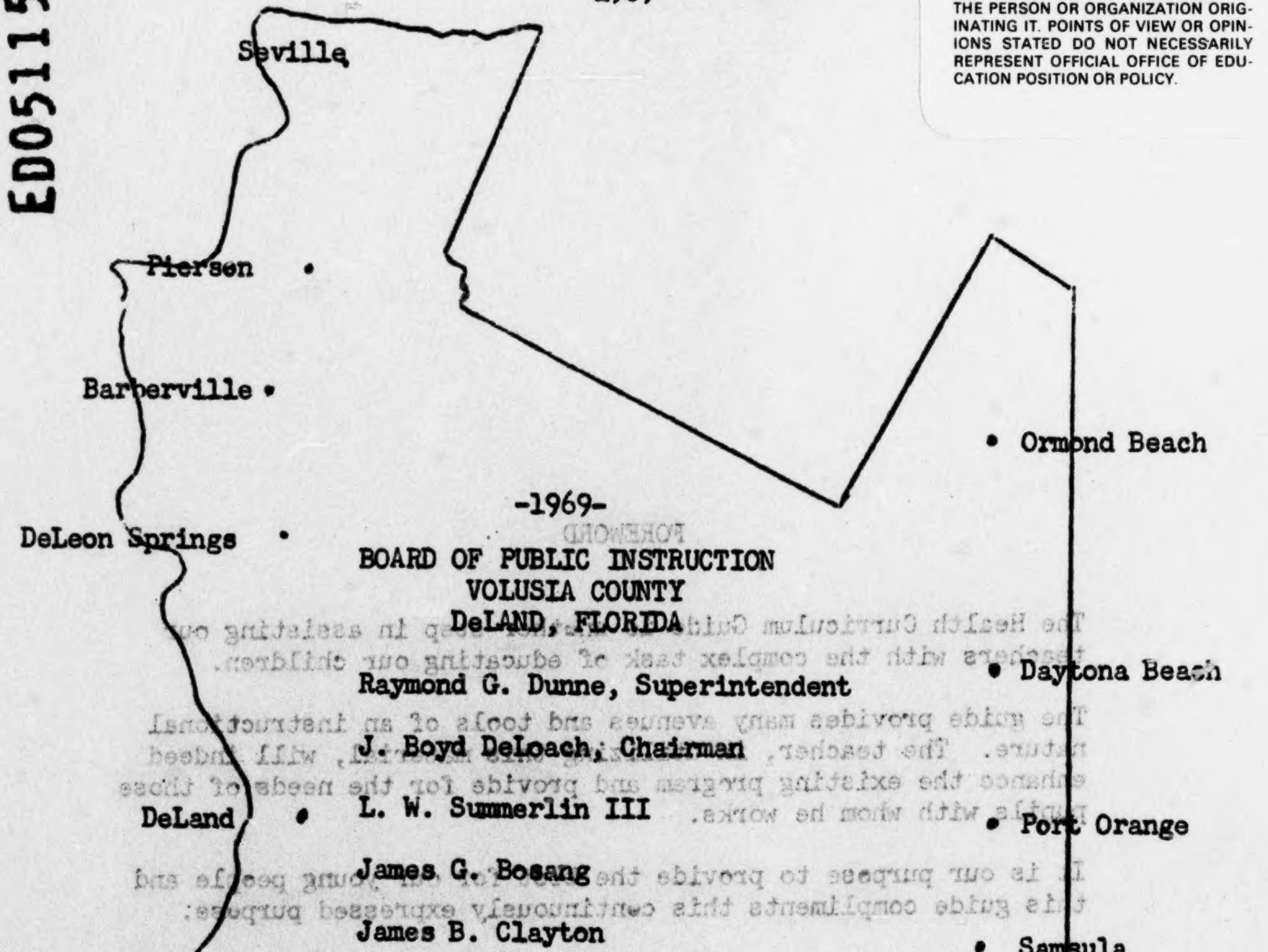
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FOREWORD

The Health Curriculum Guide is another step in assisting our teachers with the complex task of educating our children.

The guide provides many avenues and tools of an instructional nature. The teacher, in utilizing this material, will indeed enhance the existing program and provide for the needs of those pupils with whom he works.

It is our purpose to provide the best for our young people and this guide compliments this continuously expressed purpose.

Raymond G. Dunne
Superintendent of Schools

ACKNOWLEDGMENTS

WE GRATEFULLY ACKNOWLEDGE THE EFFORTS
OF THESE PHYSICAL EDUCATION INSTRUCTORS
AND TEACHERS IN PRODUCING THIS GUIDE

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PREFACE

It is a pleasure to accept this Curriculum Guide in Health and to add it to a growing number of guides in other concept areas which carry the flavor and commitment of Volusia County Educators.

Our expression of appreciation is extended to those whose time, ingenuity and effort has made it available to us.

This guide stresses the pervasive influence of health upon the educational development of our students during their public school careers, kindergarten through grade twelve. Our challenge is that we use its ideas and suggestions to increase the probability of each student's sustained personal health.

Julian E. Markham
Assistant Superintendent

ACKNOWLEDGMENT

This guide was developed by a representative group of physical education teachers in Volusia County during the 1966 school spring semester and was sponsored by the program entitled "Professional Responsibility For Individual Development Through Education" which is known as the PRIDE Program.

The purpose of this bulletin was to set forth standards, guides and suggested modern ideas for the theory and practice of Health. In this present form it is intended only as a guide to the construction, evaluation, and revision of Health programs in public schools.

This is not a complete program in itself and neither is it a complete course of study. It is a suggested program which needs to be adapted to local conditions, and the individual needs and interests of each student.

Thirty persons participated in the development of this study and our grateful acknowledgment is made to their fine contributions.

The time spent in formulating the materials, the thought given to produce a useful guide, and the hours of discussion stimulated by the task were looked upon by the writers as part of the growth of each participant.

Many thanks are especially due four members of the curriculum study who carried most of the editorial burden of this guide as Co-Chairman of the Physical Education and Health Committee--Miss Joan Gentry, Seabreeze Jr. High School; Mr. Joe Piggotte, Mainland Sr. High School, Mr. Michael Westberry, Principal of Hillcrest School, and Mrs. Frieda Ellis, Osceola Elementary School.

Sara Staff Jernigan,
Leader and Consultant on,
"A Seminar and Curriculum
Guides for Health Education,
Grades 1 through 12

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I. PHILOSOPHY OF HEALTH INSTRUCTION

A. Purpose and Aims

The public school needs to help children seek understanding and proper attitudes necessary for good health practices. School, home, and community alike share this responsibility; however, the chief aim of the school is instruction. Today it is important to build a teaching program that keeps pace with the needs of children and youth in a changing world. The teaching of health deals with the modern concept of physical, mental, emotional, social, and spiritual well-being of children. The main purposes and aims of a good Health Program are:

1. To put emphasis on healthful living and good health habits in daily living.
2. To improve the child by providing him with important facts concerning health.
3. To so motivate the child that he will have a strong desire to live a healthful life, and develop a strong, healthy body.
4. To teach the children about the mechanisms of the human body.
5. To teach the harmful effects of certain habits such as over indulgence, smoking, etc.
6. To correlate Health Instruction with other subjects, such as Science.
7. To impart knowledge in safety habits for the prevention of accidents.
8. To give basic instruction in First Aid.
9. To make the Health Program interesting, by the use of films, filmstrips and other visual aids.

B. A Health Point of View

The entire Physical Education program has as one of its important functions the improvement of the general health of children. Since we must pay special attention to the individual child, the activities must be planned to suit the child who especially needs the exercise for health purposes. This can be accomplished in three ways by the Physical Education Director:

1. Plan all the Physical Education Activities from a Health point of view, seeing that they contribute to:
   (a) Muscular development
   (b) Organic development

(c) Poise and grace
(d) Strength and endurance
(e) Posture development
(f) General fitness

2. Plan for the actual teaching of health and good health habits. The Physical Education teacher rarely has the time for actual Health teaching, but, as Health Coordinator for his school, he can set up the units to be covered by the classroom teacher, either directly or in connection with other subjects.

3. Practice healthful daily living, and teach students to abide by the rules leading to a healthful life.

C. Place in the Curriculum

1. In order to function well a child must be healthy. This determines how he will function physically, mentally, emotionally and socially.

2. Good health gives the child a better chance to become a success in school, enjoying school more, being more alert, and thinking clearer.

3. The child's mental growth is connected with his total development.

   a. The physical affects the mental—a child who does not feel well cannot do his school work well.
   b. The mental affects the physical-if a child does not get the proper exercise and studies all the time, his health suffers.
   c. The mental, physical, emotional, and social aspects of a child's growth are interwoven.
   d. One factor cannot be left out without harming the other.

4. Education must take a legal responsibility for the child's health.

   a. The law requires the child to attend school.
   b. The school is responsible to teach health and safety to the child while he is in school.
   c. Health instruction is a legal, moral, and educational responsibility.

D. Guiding Principles

1. Specific health instruction should be in every school curriculum. This instruction should help each child acquire an understanding in health that will enable him to make progress in health attitudes and practices.

2. Health instruction should help develop a personal pride in and a personal responsibility for one's own health. Health instruction should also make the student aware of the health needs of his school, home, and community.

3. Health instruction should be presented in a way that both teacher and student can study scientific information and make discoveries of their own and experience various opportunities and apply the principles they have learned.

4. Health instruction should be presented so that all school employees are given the opportunity to see how their responsibilities and duties can be used to reinforce the principles of health.

RESOURCES:

Guide for Teaching Health; South Carolina State Department of Education, Jesse T. Anderson, State Superintendent--------1959.

II. SUGGESTED INSTRUCTIONAL PROGRAM

A. Scope and Sequence of Instruction

Kindergarten

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH	SAFETY and FIRST AID
Emphasize the importance and the care of primary teeth	Motivate sharing and working together	Stress importance of clean hands before handling food	Discuss precaution to use when encountering strange people and animals
Provide and discuss the importance of exercise and rest to promote proper growth	Emphasize returning toys and the equipment to the proper places	Teach that the Doctor is an important helper and a good friend	Learning to keep equipment in its proper place
Develop an awareness of the sense of sight, of hearing, smell, touch, and taste		Stress prevention of spreading communicable diseases, especially the common cold	Emphasize safety rules for walking on streets and sidewalks
Stress importance of a good breakfast			Teach Fire and Civil Defense drill procedures
Sense of Body Image	How student sees himself as he relates to classmates		Directed Skills by Specialist as they relate to sound safety practices

II. A. (continued)

GRADE ONE

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH	SAFETY and FIRST AID
Discuss major parts of the body and their purposes	Motivate sharing and working together	Emphasize student responsibility in preventing the spread of communicable diseases (include lengthy discussion of the common cold)	Stress dangers of playing with electrical cords and outlets
Discuss need for good posture	Have discussions to help child see that physical growth need not affect basic needs such as affection and success		Discuss dangers of fire
Discuss growth patterns			Discuss precautions to use when encountering strange people and animals
Discuss importance of care and protection of eyes, ears, and teeth	Begin to develop an understanding of emotions	Emphasize that the school nurse, the dentist, and the doctor are sources of immediate help and are friends	Teach school rules for safety on playground
Discuss Well-balanced meals			Teach safety rules for walking on streets and sidewalks
Encourage self-reliance in body cleanliness			Emphasize safety rules for riding bicycles
Teach proper use of restrooms			Emphasize safety rules for riding on a school bus
Discuss the need for sufficient rest and sleep for body growth			Teach Fire Drill procedures
Body image	How student sees himself as he relates to classmates		Directed skills by Specialist as they relate to sound safety practices

II. A. (continued)

GRADE 2

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH	SAFETY and FIRST AID
Discuss major parts of body and their development	Encourage acceptance of responsibility	Discuss with pupils their responsibility in preventing the spreading of communicable diseases	Re-enforce teaching of home safety
Discuss importance of good body posture	Discuss respect for adult judgments		Stress good habits in traffic safety
Emphasize good dental habits and care of teeth	Discussions to help child see that physical growth need not affect basic needs as affection and success	Discuss the care of the common cold	Re-teach traffic and emergencies as outlined in first grade
Develop an awareness of the relationship of sound to ears	Begin to develop an understanding of emotions	Stress the school nurse as a valuable source of information	
Emphasize importance of good breakfast		Encourage appreciation of physicians, dentists, and hospitals	
Teach basic food groups			
Stress proper use of restrooms			
Discuss need for sufficient rest and sleep			
Encourage good habits of cleanliness and neatness			

II. A. (continued)

GRADE 3

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH	SAFETY and FIRST AID
Emphasize the need for a strong body	Discuss how sleep and rest relate to growth, prevention of disease and renewed energy	Discuss ways to prevent the common cold	Emphasize the importance of observing good safety habits in the home, school and community
Cultivate a feeling for good body balance		Explain the contributions of Doctors, Dentists, and Hospitals	
Learn about the work and development of the bones and muscles	Develop an awareness of the value of cooperating, assuming responsibilities and completing tasks	Explain the work of the school nurse (keeps records of growth and immunizations)	Everyone is responsible for good safety habits
Stress the value of care examinations and protection of eyes, ears, and teeth	Discussion to help pupil see that physical growth need not affect basic needs such as affection and success	Discuss types of communicable diseases and their control	Stress importance of calmly listening to directions and following directions
Discuss the brain and its function as the center for receiving and sending messages to all parts of the body	Begin to develop an understanding of emotions		
Discuss the need for properly fitted shoes and socks			
Emphasize the importance of well-balanced meals			
Sense of body image	How student sees himself as he relates to classmates		Direct skills by Specialist as they relate to sound safety practices

II. A. (continued)

GRADE 3 (continued)

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH	SAFETY and FIRST AID
Stress that the body needs vitamins, minerals, protein, and carbohydrates for growth and good health			
Introduce proper handling of food			
Encourage formation of habits of self appraisal, cleanliness and good grooming			
Reteach the proper use of restrooms			

II. A. (continued)

GRADE 4

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	SAFETY & FIRST AID	ALCOHOL NARCOTICS, TOBACCO
Teach the purpose of the skeleton in relation to how it protects the body organs	Have the children become aware that there are individual differences in size	Create a readiness in the children to recognize factors involved in cause & spread of colds and communicable diseases	Teach and maintain the students role in safety: a. home b. school c. traffic	Realization that drinking alcoholic beverages is a bad habit
Teach the need for strong bones and muscles and create an appreciation for the way they work together	Realization that growth is influenced by food & exercise Create interest in the significance of yearly gain in height and weight	Understand importance of immunization and stress the students role in becoming acquainted with sanitary procedures to be followed in drinking, eating, and garbage disposal	Walking, riding, bicycles, and transportaion on the school bus	Stress effect of the tobacco on the respiratory system Realization of the danger in using narcotics & drugs
Teach the value of good posture as it relates to appearance and general body tone	Teach development in health (mental) a. problem solving b. sense of values c. initative in planning ahead for individual accomplishments	Create an appreciation for the physician, dentist and the school nurse, and their services rendered	Teach realization of importance of acting quickly and sensibly in emergencies. Teach appreciation of safety patrol, fire drills, and safety rules	
Introduce the function of the body joints and how they are connected to provide flexibility and movement	Create a readiness in the pupil to understand the basic needs— a. love b. acceptance c. sense of humor d. emotional stability e. expression			
Introduce purpose of the muscles in body movement and how they develop through use				

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	FIRST AID AND SAFETY	ALCOHOL NARCOTICS, TOBACCO
Provide the student with a basic concept of the work of the brain, spinal cord and nerves. Introduce function of lungs in breathing, location & appearance Introduce function of circulatory system. Provide basic concept of work of heart, veins, and arteries	Provide an atmosphere in which there is an understanding of the causes, effects and controls of emotions: a. anger and joy b. fear c. success & failure d. mistakes and perfection e. rejection and acceptance f. Jealousy and envy			
Introduce facts about the digestive processes: a. mouth b. stomach c. intestine	Teach importance of function of human relations: a. respect for others b. respect for rules c. respect and role of the individual in the group			
Teach parts of the eye and ear and value of importance in their care and protection				
Teach value of regular vision and hearing tests				
Learn parts of teeth & care				

II. A. (continued)

GRADE 4 (continued)

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	FIRST AID and SAFETY	ALCOHOL NARCOTICS, TOBACCO
Teach importance of care and protection of feet and skin				
Stress knowledge of 4 basic classes of food and good eating habits				
Teach and maintain habits of cleanliness: a. bathing b. toilet habits c. clothing d. assume responsibility				
Teach the need for exercise in relation to growth				
Teach importance of proper rest, sleep, and relaxation				

GRADE 5

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	SAFETY & FIRST AID	ALCOHOL NARCOTICS, TOBACCO
Teach importance of strong skeleton in protection of brain, lungs, and eyes	Understanding of individual growth patterns: a. girls may surpass boys at this age level	Know characteristics of communicable diseases	Introduce practice for instilling practice of safe behavior at home in relation to common dangers: a. fire b. electricity c. poisons	Know simple stimulates a. coffee b. tea
Create an awareness of the role of the skeleton and muscles in maintaining food posture.	Develop value of friendships, sportsmanship, proper manners, and initiative in solving problems	Teach students the proper prevention & control of communicable diseases: a. isolation b. immunization	Teach a wide knowledge of simple rules: a. look when crossing street b. cycling c. vehicle passengers d. understanding of safety measures in outdoor participation	Be made aware of undesirable effects of alcoholic beverages
Teach function and purpose of joints in providing for movement and flexibility	Learning importance of doing one's best according to ability	Maintain concept of sanitary environment in the treatment of water and food sanitation	Learn role in care of simple discomforts and importance of seeking help in serious accidents	Be made aware of harmful effects of narcotic drugs, & tobacco
Teach understanding of the parts of the nervous system: a. brain b. spinal cord c. nerves	Increase an awareness of the basic needs of people: a. self-expression b. sense of humor c. flexibility in meeting new situations d. self-control e. be able to condone mistakes and recognize own limitations.	Teach an appreciation for rules & regulations governing sewage and garbage		Create an understanding of the effect of tobacco on the body system
Teach structure of respiratory system: a. nose b. larynx c. windpipe d. bronchial tube		Realize importance of school health team a. Nurse b. Physician c. Dentist		

II. A. (continued) GRADE 5 (continued)

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	SAFETY & FIRST AID	ALCOHOL NARCOTICS, TOBACCO
e. lungs f. air sacs	Recognize responsibility for living within rules and laws of society	Stimulate students to assume responsibility for seeking periodic examinations		
Learn names, structure and functions of circulatory system: a. heart chambers b. composition of blood c. function of blood and how it is carried to all parts of the body				
Teach structure and function of digestive system: a. teeth b. salivary glands c. esophagus d. stomach e. intestine f. pancreas & liver				
Introduce pupils to the types of the glands and their location				

II. A. (continued)

GRADE 5 (continued)

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	SAFETY & FIRST AID	ALCOHOL NARCOTICS, TOBACCO
Understand the functions of the parts of the eye and their care & protection				
Become aware of differences in physical abilities				
Appreciation for value of proper rest and exercise				
Acquire a concept of the understanding and the relationship between eye, teeth, ear, nose & throat				
Practice proper methods of body care and encourage individual responsibility in development of good eating habit & attitudes				
Sense of Body Image	How student sees himself as he relates to classmates		Directed skills by specialist as they relate to sound safety practices	

II. A. (continued)

GRADE 6

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	SAFETY & FIRST AID	ALCOHOL NARCOTICS, TOBACCO
Teach function of the muscles and bones and an understanding of their structure.	The students should know and understand that boys and girls grow at different rates	Teach an appreciation of school health services: a. examinations b. follow-up c. health guidance d. emergency care	Plan ways to avoid accidents: a. accidents spoil fun	Discussion of alcoholism as a health problem
Knowledge of respiratory tract; digestion-elimination	Physical growth is dependent upon several factors: a. heredity b. food c. rest d. sleep e. exercise	Purpose and function of health department and clinics	Teach an understanding of the need for safety rules	Undesirable effect of smoking a. harmful to athletics
Learn structure and function of lungs, heart and blood	Teach importance of self-control and need for tolerance	Learn about cause and effect of communicable diseases and how to deal with them	Practice methods of safe storage of medicines & poisons at home and school	Importance of consulting with a Doctor when using an excess of medications
Teach basic operation of main parts of nervous system Structure-function a. ears b. teeth c. eyes	Have pupils recognize needs and feelings of others	Review immunization procedures	Discuss the importance of safety organizations a. Red Cross b. Emergency units c. School patrol	Promote individual responsibility in use of drugs and medicine
Teach importance of personal responsibility in: a. body cleanliness b. proper dress c. posture d. nutrition	Physical health leads to happiness and efficiency	Know responsibilities of your health department a. water b. food c. milk d. sewage e. communicable diseases		
	Provide atmosphere of social growth in sharing responsibility	Teach to acquaint the individual with his personal responsibilities toward community health		

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II. A. (continued)

GRADE 6 (continued)

THE BODY	HUMAN GROWTH	COMMUNITY HEALTH & SAFETY	SAFETY & FIRST AID	ALCOHOL NARCOTICS, TOBACCO
Create an awareness in recognizing the importance of rest and relaxation				
Sense of body image	How student sees himself as he relates to classmates		Directed skills by Specialist as they relate to sound safety practices	

II. A. (continued)

GRADE 7

PERSONAL HEALTH	COMMUNITY HEALTH	MENTAL HEALTH	SAFE LIVING
Growth & Development Understand growth and development from conception to maturity	Communicable Disease Understand cause and control of common communicable disease	Personal & Social Development Learn to make sound adjustment to peers	First Aid Understand limitation of First Aid and persons who render it
Understand growth goes on physically, mentally, socially, and emotionally.	Learn importance of prevention and early detection	Wise decision making	How and when to give First Aid
	Prevention & Control of Disease	Understand society has two standards	Know tools and materials needed for kit
Body Care Learn what keeps hair healthy and attractive	Dental Health Know that dental decay can be reduced or prevented in many cases	Learn proper and improper ways of lessening dependence upon parents, friends, and other associations	Realize that everyone should be prepared for giving First Aid
Problems of hair & Scalp			
Understand need for adequate sleep, rest, exercise & nutrition	Learn to practice dental health measures.	Gain more realistic understanding of onesself	
Nutrition Gain understanding about food intake, weight control, appearance and growth.		Alcohol, Narcotics, Tobacco Nature and effects of alcohol	
		Analyze effects of advertising	
		Understanding of law	

II. A. (continued)

GRADE 8

PERSONAL HEALTH	COMMUNITY HEALTH	MENTAL HEALTH	SAFE LIVING
Growth & Development	**Communicable Disease**	**Personal & Social Health**	**Safety**
Understand and accept own physique	Know body defenses against disease	Gain positive attitude that will help self understanding	Understand that safety is a matter of personal responsibility
Body Care	Learn need for routine health examination	Learn to understand oneself	
Gain an understanding of the structure and care of the skin	What happens with lower body resistance	Learn to adjust to physical body	Prevention of accidents
Causes of skin problems	Understand natural and acquired immunity	**Alcohol, Narcotics, Tobacco**	Learn to avoid unnecessary risks and hazards
The why & how of foot care		Nature and effects of narcotics	
Selection of proper shoe selection	Know dangers of self diagnosis		
Nutrition		Know laws and regulations of use	
Teach values of proper diet	**Prevention and Control of Disease**	Dangers--use of	
Intake of vitamins, minerals and proteins	**Dental Health**		
Dangers of not having the proper diet	Learn what happens when tooth decay is neglected		
	Learn problems of irregular teeth		

II. A. (continued)

GRADE 9

PERSONAL HEALTH	COMMUNITY HEALTH	MENTAL HEALTH	SAFE LIVING
Growth and Development	**Communicable Diseases**	**Personal & Social Health**	**Driver Safety**
Understand complexity of growth	Understand mental health	Understand that such emotions as fear, anger, jealousy and hate are present in all of us	Understand the driver and his responsibility in prevention of accidents
Understand body progress	Learn about world wide health problems		
Body Care	**Prevention & Control of Disease**	Learn to control these is part of growing up	Prepare for driver education
Gain an understanding of good posture	**Dental Health**		Understand characteristic of good driver
		Alcohol, Narcotics, Tobacco	
Understand causes of poor posture and its effects	Understand why some people fail to get dental care	Nature and effect of use	
Learn how to gain good body mechanics	Discover how family & communical dental problems can be solved	Analysis of advertising	
Nutrition		Dangers — Use of	
Learn to distinguish between protective foods and empty calories	Recognize importance of attractive teeth		
Learn to avoid food fads			

II. A. (continued)

GRADE 10

PERSONAL HEALTH	COMMUNITY HEALTH	MENTAL HEALTH	SAFE LIVING
Growth & Development	Communicable Disease	Personal and Social	First Aid
Learn components of total fitness	Become aware of how one may protect himself from disease	Learn what we mean by emotions	Able to control hemorrhage
Learn interrelationships and interdependencies of one system to another	Understand how home, school, and community can work together to prevent disease	Learn how to accept and control them as mature individuals	Know importance of prompt action
Know function of bones, muscles	Prevention and Control of Disease	Alcohol,Narcotics,Tobacco	Methods of artificial respiration
Learn functions of circulatory, respiratory, and excretory	Dental Health- Recognize importance of floridation	Mental and emotional aspects of the use	Know prompt action for: a. electrocution b. drowning c. gas poison d. poison drugs
Body Care	Learn to take care of own dental hygiene properly		Know precautions when administering first aid
Know body changes during adolescence			
Learn complexity of growth			Know First Aid for: a. poison b. shock c. wounds d. burns
Factors influence growth & development			

II. A. (continued)

GRADE 11

PERSONAL HEALTH	COMMUNITY HEALTH	MENTAL HEALTH	SAFE LIVING
Growth and Development Learn body uses for food Learn general function of glands and nervous system Learn about sensory organs and their care	Communicable Disease Acquire an understanding and appreciation for scientist and how they help prevent disease Know how pure water, safe treatment of sewage and garbage add to prevention of disease	Personal & Social Be able to accept the underlying concepts about personality in relationship to people in our society Accept behavior patterns and the whole family in our society	First Aid Recognize and deal with broken arms Able to recognize and give Aid to: a. heart disease b. apoplexy c. simple fainting d. epileptic seizures e. unconsciousness f. foreign body in eye g. foreign body in throat
Body Care Know how learning takes place a. Physical b. Mental c. Social d. Emotional	Prevention & Control of Disease	Alcohol, Narcotics, Tobacco Mental and emotional aspects of the use	Know methods of transporting sick & injured
	Dental Health Learn to seek professional care Learn how correct care and proper diet can reduce the number of cavities Learn what destructive processes there are and what to do about them		

II. A. (continued)

GRADE 12

PERSONAL HEALTH	COMMUNITY HEALTH	MENTAL HEALTH	SAFE LIVING
Growth & Development Values of physical exercise on growth and development Learn about common physical handicaps and ways of adjusting Learn effects of stimulants and depressions and their relation to nervousness	**Prevention & Control of Disease** **Community & Public Health** Know needs and purposes and services of public health Realize that many people do not make use of services available to them	**Personal & Social** Develop the ability to adapt social and physical environment Develop a behavior which is socially good Help the student realize that he belongs to someone	**Home Care** Basic knowledge in home care: a. read thermometer b. keep temperature charts c. taking pulse d. making bed e. moving patient f. bathing patient g. rubbing back h. giving medicine i. feeding patient
Body Care Understand miracle of life	**Dental Health** Know about false information agencies Learn how, as future parent, good nutrition, proper care, professional treatment is necessary for sound teeth in children	**Alcohol, Narcotics, Tobacco** Mental and emotional aspects of the use of narcotics, tobacco & alcohol	

B. Opportunities for Health Instruction Through Correlation

Elementary (K-6)

Many of the subject areas taught in the elementary school provide material and opportunity for teaching health. Some of the subjects which are easily correlated with health are science, social science, language, art, and physical education. Correlation involves utilizing all of these areas in teaching health.

Correlation with other areas provides wider view points without altering the curriculum. Such a program means involving all of the teachers in the school health program.

Caution should be used when planning a correlated program for health. Some of the reasons for caution are:

1. The correlation may be forced.
2. Health does not receive the emphasis that other subjects receive.
3. Factual information rather than habits and atitudes may be emphasized.
4. Correlation is extremely difficult without the cooperative planning of the entire faculty.
5. All of the health instruction that needs to be taught cannot be correlated with other subject areas.
6. Teachers may lack instruction for the necessary procedures and techniques required for an effective health program.

JUNIOR & SENIOR HIGH SCHOOLS (7-12)

Certain health or safety units might be related to other units during instruction. A particular lesson can be linked with other lessons of the same or other units. A correlation of health and safety to other curricular offerings might be achieved. Biological, social sciences, physical education, and health education might be related to health and safety.

There are, however, a few draw-backs to this type of correlation. Many topics of health will not reach every student, some topics of health taught are being presented by teachers who are not certified in health and not all courses can be correlated to health.

The following points should be considered for correlation of health instruction:

1. Accept the total School Health Program as a part of the school's functions.
2. Employ school health educators and health coordinators to coordinate all parts of the total School Health Program and to give in-service education to school personnel on their responsiblities in the program.

3. Understand the scope and relationship of each part of the School Health Program.

4. Accept the fact that some instructional personnel have inadequate preparation in school health and safety and cannot cope with health and safety in the instructional program.

Resources:

1. School Health Program by Jessie Helen Haag. Copyright 1958; pages 415-420.

C. Time Allotment

Elementary (K-6)

The Health Program at the elementary level is wide in scope. It must be well defined in order to meet the objectives and at the same time flexible enough to provide for pupil needs.

Although much health instruction in the grade school is done informally, a scheduled program insures that health instruction will become a part of the total elementary school program.

It is difficult to say exactly how much time should be spent on health activities. Because we must consider the various factors of pupil interests, experiences, and maturity and the availability of facilities and material, the classroom teacher should be the determinant in this matter. The teachers' sense of value and judgement in relation to the importance of health will insure the needed and varied health experiences for each child.

Junior High (7-9)

If, in grades seven and eight, separate courses are offered, one semester in science and one semester in health are recommended as minimal. In schools developing integrated or core programs, health should be included in the core areas, provided the teacher is competent in health education, the suggested separate one-semester courses in science or health should be offered.

Health education at the ninth-grade level should be offered through a general science course and homemaking education unless it is included in the core program.

Senior High (10-12)

For grade 10, it is recommended that a health course be offered and that health units be emphasized in biology courses. Health education experiences should he expanded in grades 11 and 12. Two alternatives for doing this are:

1. Providing a special course in health education

2. Integrating health education experiences with the existing areas of the curriculum.

Resources

1. Health Programs in Florida Schools, Bulletin 4D Revised 1964. Sponsored by the State Department of Education and the State Board of Health.

III. METHODS OF TEACHING - With Emphasis On:

A. Finding the Health Needs and Problems of Children

Elementary (K-6)

The teacher should understand the physical, social, emotional and mental characteristics of the age group for which he is responsible. We must always keep in mind individual differences. Understanding of children at specific age levels and going over children's records will help determine the choice of teaching methods and techniques.

The following data and materials should be considered appropriate for finding the health needs and problems of children.

1. Residence records
2. Teacher observation
3. Profiles of intelligence test
4. Profiles of achievement test
5. Records of absence, tardiness, and disciplinary action
6. Interest inventories and questionnaires
7. Ancedotal records
8. Personality rating
9. Social and character rating
10. Referrals to special services and clinics
11. Memoranda of interviews with pupils, parents, advisors and administrators
12. Physical and Health examinations
13. Cumulative records

Junior - Senior High (7-12)

1. Pre-tests-general health and/or specific areas
2. Questionnaires
3. Health records of students
4. Observation
5. Parental requests and comments
6. Standard statements on the needs and problems of children
7. Teacher—health officer conferences
8. Present community health problems and drives

B. Teaching Methods and Approaches

Elementary

Methods in health education will determine a great degree the outcomes achieved. They should be adopted to the group being taught, be compatible with the objectives sought, stimulates interest among the pupils, be capable of being used by the teacher, be adaptable to available space, equipment and time in the school program, and be capable of use with the health activities that comprise the educational offering.

Some of the better known methods for a school health program are:

1. Problem Solving: Problem solving is one of the most effective and best methods. A problem should be treated step by step in this manner.
    a. Stating the nature and scope of the problem
    b. Defining the various possible solutions of the problems
    c. Collecting scientific information to support each of the various aspects of the problem
    d. Analyzing the information and data gathered as to its source, authoritativeness, date of origin, and other pertinent factors
    e. Drawing conclusions on the basis of the information gathered
    f. Applying the solution or the problem
2. Class Discussions: Probably the most common methods used is class discussion and group interaction on a particular health topic.
3. Textbook: Assigned reading in a textbook with a discussion based on these readings is a common method
4. Construction Activities: In construction activities, students build something which will help enlighten them on health problems.
5. Field Trips: Trips to such places as a dairy, health clinic, hospital, police station or some other places.
6. Demonstrations: Demonstrations can provide a visual picture of certain health and safety concepts.
7. Experiments: An example of a common experiment is to see what happens to the growth of animals with different types of diets.
8. Panels and Forums: A panel of students or outside specialists presents reports or discusses some health topic during class.
9. Class Committees: The class is divided into committees and topics are assigned for exploration.
10. Exhibits: An exhibit of various types of bandages that can be used in cases of first aid is an example of this method.

11. Dramatizations: A play can be put on by the class.

12. Independent Study: Each student might go to the Library after being assigned a particular health topic for which he or she is supposed to gather as much information as possible.

13. Resource People: A doctor, dentist, health commissioner, or other health specialists can be invited to speak to the class.

14. Audiovisual Aids: Films, tapes, recordings, movies, and other kinds of audiovisual aids can be used for class presentation.

Junior - Senior High (7-12)

The following is a list of methods and approaches a teacher may use to enlarge and create interest in the health program:

- Demonstrations
- Experiments
- Field trips
- Role-playing
- Dramatization
- Invited speakers
- Problem solving
- Question box
- Story telling
- Classroom games
- Films, filmstrips and slides
- Pupil surveys
- Oral reports
- Group discussion
- Question & Answer
- Exhibits
- Panels
- Student Projects
- Lecture-discussion
- Debate
- Standardized and teacher-made health and safety measuring devices.

Resources:

Charles A. Bucherand, Evelyn M. Reade, Physical Education in the Elementary School. The MacMillan Company, 1964.

C. How to Develop Teaching Units

Elementary (K-6)

The school has a major responsibility in the area of health instruction. Units of instruction that tend to develop the concept of total health appear to be the most effective method of arriving at the desired goals.

The health teacher, whether a classroom teacher or a specialist, should develop with the pupils an understanding of all aspects of health. When the basic mental, emotional, and physical health needs are identified and taught as a whole, health instruction will be meaningful for the pupils and practice of the skills, attitudes, and habits will follow.

Suggested Units:

1. **Nutrition** - to eat a well-balanced diet that meets the body requirements.

2. **Body Care and Use** - to use and care for the body in such a way that it functions at maximum efficiency.

3. **Mental Health** - guiding children toward self-understanding so that they can meet the goals of mental health.

4. **Family Living** - building wholesome attitudes for good family relationships and providing specific guidance to help children fulfill their responsibility as family members.

5. **Community Health** - learning about community health resources and ways of protecting and promoting the health and safety of the community.

6. **Safety and First Aid** - developing in children the knowledge and attitudes necessary to help them take responsibility for their own safety and that of others.

Junior - Senior High (7-12)

The essentials of a teaching unit in health education. A unit represents a plan for action. The elements in a unit are as follows:

1. Introducing the unit; discovering the problem, bringing it into focus.

2. To fix firmly worthwhile goals or outcomes.

3. Consideration of teaching aids to be used.

4. Culminating or concluding the unit.

5. Evaluation of the outcomes.

One should not confuse an outline for a unit with a lesson plan. A unit of work may extend over a six, eight or twelve week period, whereas a lesson plan is a guide for what will be taught each day in the direction of achieving the objectives of the unit. The daily lesson plan represents a breakdown of the major problem area into a series of related lessons.

The teacher must prepare a detailed plan of the unit in advance, in order that the students may be guided intelligently.

1. **Introducing the Unit**: The purpose of the introduction is to get the unit started, and point up concepts of the unit as a whole. The class should sense the wholeness of the unit and be motivated to the point where they are ready to undertake it.

a. Having pupils relate their past experiences to identify themselves with the unit.
b. The teacher presents a broad overview of the unit as a whole

2. Procedures to be followed for achieving these goals:

There are advantages in the pupil's recognizing the unit in its entirety before the mastery of its parts is undertaken.

If unit teaching is functioning, the pupil comprehends the significance of the unit in its early stages.

a. He formulates goals.
b. He makes plans for a series of activities to achieve them.
c. Purposes carry over from day to day throughout the unit.

In planning the "how", many factors must be considered by the teacher. Method refers to how learning experiences are organized. Good method results in effective learning. Here the teacher is faced with such factors as the following:

a. Time
b. Space
c. Equipment and Supplies
d. Bases for grouping in classes
e. Number of groups
f. Student leaders
g. Sequence in daily lesson plans
h. The specific day's lesson

3. Establishing desirable goals or outcomes: Objectives must be recognized by the pupils as early in the unit as possible. It is advisable that these be stated in terms of the pupil who can conceive objectives only in anticipation of experiences he expects to have.

4. Consideration of Teaching Aids to be Used:

a. Demonstrations by skilled individuals
b. Motion pictures and film strips
c. Charts and pictures, use of the blackboard
d. Functional and well-illustrated books and magazines

5. Culminating the Activity: A unit has a beginning and an end.

a. Summarizing or culminating activity provides a climax or conclusion to what has been anticipated from the beginning of the unit. It represents the culmination of anticipated outcomes.

In the introduction, the students had an overall view of the unit in prospect. The culminating activity gives this view in retrospect.

D. Evaluating the Outcomes

Evaluation relates to the objectives stated at the introduction of the unit. It is an appraisal procedure to determine what changes have taken place in boys and girls as a result of their learning experiences in the unit.

Evaluation is not something that is done solely at the close of the unit; it takes place also during the course of the unit. The evaluation of pupil achievement begins as soon as the unit is initiated.

Resources: Curriculum Designs in Physical Education, Cowell and Hazelton.

D. SAMPLE UNITS - GOOD NUTRITION

I. Objectives--Elementary

A. To assist the child in acquiring good food habits, learning attitudes and appreciation as they affect his health and happiness.

II. Content

A. Improvement in food habits
B. Understanding of food needs of the body
C. Understanding of essential foods
D. Knowing the seven basic food groups
E. Overcoming food prejudices

III. Suggested Activities

A. Prepare and serve foods in the classroom
B. Have a class garden
C. Take field trips (store, cafeteria, dairy, etc.)
D. Make charts or posters
E. Visit county health unit
F. Prepare and eat new foods
G. Discuss time for eating, sleeping, work and play
H. List beverages children should drink
I. Make a food dictionary
J. Make a study of foreign foods

IV. Evaluation

A. Do we eat meals that we formerly skipped?
B. Do we feel better? Why?
C. Do we know the basic foods that we eat daily?
D. Have we tried some new foods?
E. In what way have we shown improvement?

V. References

A. Harvard School of Health, "Activities in Nutrition" Distributed by Nutrition Foundation, Inc. (Grades 1-6)

B. "Better Health for Florida's Children" State Department of Education, Bulletin 4E, 1957

A. Objectives - Junior High (7-9)

1. To develop a general knowledge of the good types in the basic seven groups, their sources, and some of the general functions in the body.

2. To develop an interest in and enjoyment of a variety of foods.

3. To learn what foods are desirable to eat between meals.

4. To develop an interest in economical buying, storing, and preparing foods.

5. To develop an appreciation for pleasant surroundings, associations, and good manners at meal time.

6. To learn that public programs for the protection of water and food are essential to good health.

B. Suggested Activities

1. Why Your Body Needs Food

   a. Study the basic seven and learn foods that furnish us energy, make us grow, regulate our body functions, and so on.
   b. Keep records of all foods consumed for three days.
   c. View and discuss films.

2. The Foods You Need

   a. Survey members of the class to discover foods best liked, foods eaten but not fond of, and foods not usually eaten because of dislike. Organize the list according to basic seven groups.
   b. Prepare a tray of foods not usually eaten by the group. Make very attractive and have a "tasting party."
   c. Demonstrate by role-playing various attitudes toward selecting and eating foods.

3. The Basic Four

   a. Conduct animal experiments comparing nutrients.
   b. Plan party and serve refreshments that are nutritious.
   c. Discuss refreshments served at parties we have attended (no names of party givers) and discuss food values.

d. Plan a variety of party menus. Boys plan simple menus for hiking trips, lunches for fishing, boating, etc.

4. **Variety of Needs**

   a. Prepare a menu of expensive foods for one day. Prepare a menu of inexpensive foods containing the same food values.
   b. Visit a grocery store and select foods at random that will feed well a family of four for one day. Select foods economically and compare the cost.
   c. Write stories or jingles about how well the kitchen sink or hogs are fed through waste of food values in food preparation.

5. Food Groups

   a. Demonstrate through role-playing the correct way to be seated at table, serve foods, lead a conversation.
   b. Divide up into small groups of four or six and let one member play host or hostess in the school cafeteria to this group. Plan for conversation in advance. Have reports back to class on the conversations. Do this until each class member has had an opportunity to be host or hostess.
   c. Study the school cafeteria and make plans for decorating the walls and windows with curtains, attractive pictures, etc.

6. **Foods and Energy**

   a. Read about and write a story about water and its uses in promoting health of man.
   b. Read about and write a story about milk and its uses in preparation of man's foods.
   c. Visit a local water plant.
   d. Visit a local dairy or ice cream plant.
   e. Inspect school lunchroom with cafeteria manager and sanitarian.
   f. Invite sanitarian to discuss safe water, food, and milk supplies in the home and community.

C. **Evaluation and Testing**

1. Do the pupils show that they understand difference in foods? Are the pupils able to select a balanced diet? Are the pupils interested in improving their own diets?

2. Do the pupils show concern for their eating habits? Is there an earnest desire to learn to like a variety of foods? Do the pupils like to try new foods? Do the pupils demonstrate an interest in studying their own diets?

3. Are the pupils beginning to recognize that foods make a difference? Is there evidence that the parties given by class members have better planned menus? Are the boys interested in planning hiking and fishing lunches? Is there an indication that the pupils are buying more fruits and less candy and soft drinks?

4. Are the pupils beginning to recognize the importance of economic buying of foods? Have the parents expressed an interest in these projects? Are the pupils beginning to assume some responsibility for planning and preparing food in the home? Are the pupils showing an interest in the family food budgets?

5. Are the pupils interested in learning good table manners? Is the host and hostess idea taken seriously? Is there real concern for being able to lead a discussion? Has there been an interest in decorating the cafeteria?

6. Are the pupils aware of the extensive uses of water in protecting health? Are the pupils aware of the extensive measures taken to protect milk as a food? Are the pupils beginning to appreciate some of the problems faced in trying to provide safe food, milk, and water to the community?

D. Resources

1. Basic seven food chart. Simple reading materials from Library or local health agencies.

   Records of own diet for three days.

   Film such as: "Fundamental of Diet."

2. Class members and reading materials from text, library, pamphlets from local agencies as needed.

   Food from home or local grocery prepared in home economics classes or at home.

   Own class members.

3. Animals, cages, literature on how to feed and care for animals.

   Party among own class members. May be on school grounds, in some home, or in the classroom.

   Own class members-parties attended.

   Text, other books, pamphlets, and magazines from library or local agencies.

4. Text, other books, pamphlets, and magazines from library or local agencies. Local grocery store. (Visit during non-rush hours.)

5. Class members and eating utensils from cafeteria.

   School cafeteria. Books and pamphlets on how to be host or hostess at a dinner.

   School cafeteria, charts, posters, painting, done by various classes in the entire school.

   Own class and school cafeteria. Film, such as, "Broader Concept of Method."

   Own home eating facilities and situation; members of the family.

6. Text, other books, pamphlets, bulletins, from library or local health agencies.

   Local water plant.

   Local dairy or ice cream plant.

   Cafeteria manager or local or state sanitarian.

   Food sanitary code from local or state health department.

   Sample inspection forms for eating establishments from local or state health department.

   Local sanitation and local public eating place.

   Own cafeteria and cafeteria inspection sheets from state or local health department.

A. Objectives - Senior High School (10-12)

1. To develop a desire to study one's own food habits in relation to nutritional needs.
2. To assume responsibility for developing an interest in and an enjoyment of a wide variety of foods which meet body requirements.
3. To gain understanding of the problems associated with eating between meals.
4. To learn the importance of proper selection, preparation, and serving methods in conserving maximum food values.
5. To assume responsibility for helping provide an enviroment conducive to good emotional health at meal time.
6. To learn the meaning of food sanitation on a community-wide basis.

B. Suggested Activities

1. Planning a well-balanced diet

   a. Make an individual three day diet survey. Compare findings with a balanced diet and see wherein own diet is weakest. Discuss ways it could have been most easily corrected.
   b. Read books, pamphlets, and discuss the role of foods in keeping healthy.
   c. Discuss diet in relation to personal appearance and physical vigor.

2. Acquiring Sensible Eating Habits

   a. Make a list of all foods we have eaten. Rate according to favorite, mediocre, and not fond of. Check our favorite foods for nutritive value. Discuss plans for improving our list of favorite foods to include all essential foods.
   b. Write and present a skit on "finicky eaters."
   c. Have a series of food parties and serve unfamiliar foods.

3. How Foods Change in the Body

   a. Keep a three day record of food intake between meals. Study the record to determine:

      (1) Frequency and regularity of between meal snacks
      (2) Food values of foods eaten between meals.
      (3) Money spent on between meal snacks.

   b. Read books on digestion of foods, "hidden hungers," "pros" and "cons" of regular eating habits. Have discussion on findings.
   c. Plan suitable refreshments for social functions.

4. Food Sources and Space Travel

   a. Plan a week's menu for own family. Visit local grocery and get estimated costs of groceries for the indicated foods. Discuss savings by bulk buying and careful menu planning. Study food storage facilities in the home, expenses involved in improving storage space.

   b. Study proportion of family income spent for foods-own family or statistics for average families in the United States.

   c. If practicable, study foods that can be grown in home gardens. Estimate costs of growing these foods. Study ways of canning and conserving home grown foods.

5. Eating Environments

   a. Discuss problems existing in the school cafeteria. Plan a program to solve these problems.

   b. Discuss problems existing in the eating environments of families. Plan with own family ways to improve the eating environment at meal time.

6. Sanitation

   a. Study the city, county, or state food sanitary codes.

   b. Study sample inspection sheet for public eating places.

   c. Take field trip to a public restaurant with a food inspector.

   d. Get some sample sanitation check sheets and rate own cafeteria.

C. Evaluation and Testing

1. Are the students showing real concern for their own diets? Do the students enjoy doing the research necessary for discussions, comparing dietary practices with facts? Is there an indicated interest in knowing more about the role foods play in body development and functioning?

2. Is there a genuine interest in studying food habits and food values? Are the students interested in learning to like new foods? Is there interest in more understanding of food habits of people in other countries? Do the students manifest interest in family food habits?

3. Are the students showing progress in choosing more nutritious between-meal foods? Do the students know and understand what authorities have to say about eating between meals?

4. Are the students showing an interest in family budgets? Is there an indication of an understanding of economics in food selections? Are the parents of students interested in these projects? Are the students asking other questions about family economics indicating that they are seeing these projects in terms of their own future families?

5. Are the students able to plan intelligently to solve problems in the school cafeteria? Are the students assuming responsibility for their own behavior at mealtime?

6. Are the students beginning to be aware of the problems of food sanitation? Do the students show proper understanding of the problem of serving sanitary foods to large numbers of people? Do the students enjoy the field trips? Do the students discuss intelligently the sanitary features of their own cafeteria?

D. Resources

1. List of all foods consumed over a three day period.

   Tests, other books, and pamphlets for study to compare own diet with a good one.

   Text, other books, and pamphlets from Library and local health agencies.

   Text, biology and physiology texts, related materials on diet and appearance, physical vigor, and sports, from Library or local agencies.

2. List of foods you have eaten. Books, and pamphlets from Library or local health agencies giving the values of these foods.

   English or dramatics teacher.

   Materials from Library or local health agencies. Local people who are familiar with diets of foreign countries, or a foreign friend.

3. An accurate record that is typical of own between meal eating habits, including what is eaten, the time, and actual expenses if bought in store.

   Text, other books, and pamphlets from Library and local health agencies.

   Home economics teacher and students, books, and pamphlets.

4. Local grocery store and books and pamphlets from Library or local agencies.

   Family budgets or figures from government publications in library or local farm and home agents.

   Library books and bulletins or materials from local county agents, agriculture, and home economics teachers.

II. BODY CARE AND USE

I. Objective

A. To develop an understanding of body structure and function as a basis for healthful living.

II. Content

A. Awareness and understanding of growth
B. How we use the sense organs
C. Understanding how the heart and blood vessels perform
D. How the bones and muscles work
E. Awareness of the nervous system, respiratory, digestive, and elimination processes.

III. Suggested Activities

- A. Be weighed and measured at intervals
- B. Recall sights, sounds and odors, pleasant and unpleasant
- C. Feel arm and finger bones and joints and see how they move
- D. Listen to the heart beat
- E. Study simple diagrams and pictures showing bones and muscles
- F. Practice proper ways to lift, carry, bend, sit, stand and walk
- G. Relate reflex action when hand touched something hot to a bell ringing when button is pressed
- H. Look at X-ray picture of normal lungs
- I. Trace course of food through body

IV. Evaluation

- A. How much do I weigh now?
- B. What is my height?
- C. Identify objects by odor, taste, and sound while blindfolded
- D. Listening to heart with stethoscope
- E. Can the body function without the systems?

III. MENTAL HEALTH

I. Objective - Elementary School (K-6)

- A. To help the child acquire a sense of belonging and adequacy of daily life.

II. Content

- A. Acceptance by others
- B. Appreciation of the value of each individual
- C. Becoming objective and less emotional
- D. Becoming self-reliant and independent
- E. Good social behavior
- F. Wholesome boy-girl relationship

III. Suggested Activities

- A. Participate in showing and telling things to the class
- B. Make practice of greeting teachers, principals, visitors and friends
- C. Plan for a class outing or party
- D. Participate in a wide variety of experiences and activities which offer maximum possibilities for each individual to experience success
- E. Plan how to help a new child become adjusted to school
- F. Arrange co-educational games
- G. Use news items about "success stories" as well as about juvenile delinquents

IV. Evaluation

- A. Can I work and play successfully with groups?
- B. Can I help others become adjusted?
- C. Am I accepted by others?

D. Do they accept my ideas?
E. Can I make and carry out plans?

V. References

A. "Better Health for Florida's Children"
Bulletin 4E
B. Bernice Neugarter, "How to Get Along With Others"
Science Research Associates, 1953 (Grades 6-9)

VI. Suggested Teaching Possibilities for Promoting Mental and Emotional Health

Senior High (7-12)

A. If Our Pupil Needs Call For Objectives Such As These:

1. To learn behavior traits that are conducive to good friendship.

a. Suggested Pupil Activities
(1) Make a list of things liked in people. Compare self with completed list.
(2) Study biographies of people who have had many friends. Discuss their characters.
(3) Read novels and discuss the behavior traits of the characters who had many friends and those who had few friends.
(4) Discuss the difference in being temporarily popular and being genuinely liked by lots of people.

2. To become competent in selecting and bying own clothing.

a. Suggested Pupil Activities:
(1) Plan own clothing needs for the remainder of the school year. Figure carefully and in detail a budget of these.
(2) Have beauty operator visit and demonstrate hair styles, make-up, etc. Have local sports hero, or outstanding citizen, talk about proper dress and general body grooming for neatness.

3. To learn correct rules of dating to respect moral code; to have proper perspective towards being popular.

a. Suggested Pupil Activities:
(1) Have discussion on how girls want their partners to act on a date; how boys want their partners to act on a date.
(2) Have a discussion on the attitudes of our parents toward dating. Discuss why they have these attitudes.
(3) Develop a list of the "dos" and "don't" which conform to the acceptable moral code. Discuss values from abiding from this code.
(4) Write a theme on "My Favorite Mate" Include appearance, morals, attitudes towards family, etc.

4. To learn how personality is expressed through dress, manners, and personal living habits.

   a. Suggested Pupil Activities:

      (1) Read books, pamphlets, etc., from the Library and discuss manner of speech and vocabulary as an expression of one's personality. Do same for dress, walking, posture, books we read, music we like, art we enjoy, etc.
      (2) Have the local minister discuss personality and spirit values.
      (3) Attend a local movie and discuss the manners and dress of the various character types.

5. To learn qualities of good group leaders and good group participants.

   a. Suggested Pupil Activities

      (1) Read books, see films, etc., and make a list of the desirable traits of a good leader.
      (2) Make a list of the duties and responsibilities of a group chairman.
      (3) Make a list of the duties and responsibilities of a group participant.
      (4) Elect progress observers who will report on how the group acts-what the chairman does, who participates, how idea were changed by group discussions.

6. To develop an interest in and a desire to continue one's quest for things beautiful in art, music, literature.

   a. Suggested Pupil Activities:

      (1) Make a bulletin board showing dates of good radio programs, movies, art shows, etc.
      (2) Make an oral report on your favorite poem, book, or play.
      (3) Listen as a group to some classical recordings. Learn the story before hearing the records.
      (4) Have art show with own paintings, and with paintings from homes in the community.

B. Suggested Materials and Resources

1. Articles or clippings on the topic; Biographies from the Library,; Novels from the Library; Books, articles, or opinions of various people.

   a. Suggested Evaluation Helps

      (1) Are the students showing real interest in cultivating friends? Are the students beginning to develop personalities of their own rather than imitating others?

Are the students showing real insights in discussing behavior of characters in novels? Are the students showing that they understand the difference between temporary popularity and lasting friendship?

2. Local clothing stores. References on clothing values, durability, etc. Information from home economic department. Local beauty operator or a competent parent or other leading citizen. Local sports hero or business man.

   a. Suggested Evaluation Helps

      (1) Do the students show real interest in planning for clothing needs? Are the girls using make-up as needed and correctly? Is there general understanding of the connection between physical and mental health and personal appearance? Are the pupils beginning to show pride in personal appearance? Are nails clean and hair brushed and combed?

3. Students. Reference Materials.

   Students and selected parents in the community. Local popular young married couples, preferably well known in church and by the students. Information from Library, home, friends, etc.

   a. Suggested Evaluation Helps

      (1) Are students showing interest and wholesome attitudes in the discussions?
      Are students at ease when discussing dates?
      Do students show evidence of abiding by normal code?
      Are students seeking advice from suitable sources about their problems?

4. Booklets, magazines, books, etc., from Library. Local Minister or other local outstanding citizen. A selected local movie.

   a. Suggested Evaluation Helps

      (1) Are the students beginning to realize the meaning of personality? Are the students showing more care in their manner of speech and dress? Are the students interested in cultivating better tastes in literature? Do the students discussions show a real understanding of personality?

5. Books from Library

   Film such as "Broader Concept of Method" (Parts I and II). Own discussion groups plus elected group observers.

   a. Suggested Evaluation Helps

(1) Are the students able to operate as a group? Do the leaders operate properly? Are the conclusions and decisions reached by the group well discussed and considered before being made? Is there genuine interest in the topic of how groups operate?

6. Bulletin board and announcements of local movies, radio programs, etc. Books from Library, home, etc. Record player, records from Library or home (could have local parent interested in music give the story and play the selections.) Own art work and/or paintings from homes of students.

a\. Suggested Pupil Activities

(1) Are the students taking advantage of the better shows, radio programs, etc? Is there noticeable interest in reading good books? Are the students beginning to enjoy classical music as well as popular music? Are the students beginning to show discrimination in art tastes?

VII. COMMUNICABLE DISEASES

A. Objectives

1. To help the students understand why good health practices are their best defense against diseases.
2. To interest the students in the remarkable progress that has been and is still being made in the cure and prevention of communicable diseases.
3. To help the students understand how communicable diseases are spread.
4. To increase interest in the medical research that is being carried on by scientists today.
5. To increase effort to maintain good health and build up resistance to disease.
6. To increase willingness to seek medical care and immunization.

B. Content

1. Diseases

a\. Chicken Pox (Varicella)

(1) Description of the disease——an acute disease, with a slight fever, mild constitutional symptoms, and an eruption, maculopapular for a few hours, vesicular lasting three to four days, leaving a

granular scab. Vesicles tend to be more abundant on the covered than on the exposed parts of the body, and usually appear in different stages on the same region of the body.

(2) Source of Infection---infection agent is present in the lesions of the skin and presumably of the respiratory tract, which may render the disease communicable before the eruption is in evidence.

(3) Means of Transmission---directly from person to person; indirectly through articles freshly soiled by discharge from the skin and mucous membranes of infected persons.

(4) Incubation period---two to three weeks; commonly 14 to 16 days.

(5) Communicability---not more than one day before nor more than six days after the appearance of the first crop of vesicles. One of the most readily communicable diseases and apparently universal. An attack confers permanent immunity, with possible rare exceptions.

(6) Method of Control---preventive measures---none.

(7) Treatment---bed rest and isolation are important until all the minute crusts have fallen off. Bathing should be discontinued for a week or ten days. Carbolated ointment, or one per cent ointment of thymol iodide, may be used effectively on the small open sores. Scratching should be avoided to prevent secondary infection and permanent scarring.

b. Common Cold

(1) Description of the disease---a highly infectious acute catarrhal infection of the upper respiratory tract, usually accompanied by a slight rise in temperature on the first day and chilly sensations with nasal discharge (coryza), and general indisposition lasting 2 to 7 days.

(2) Source of infection---discharges from nose and mouth of infected persons.

(3) Means of Transmission---usually directly by coughing, sneezing, and explosive manner of speech by which droplets pass in the air from the infected person to the susceptible persons, especially within short ranges; and indirectly by handkerchiefs, eating utensils, or other articles freshly soiled by discharges of the infected person.

(4) Incubation Period---probably between 12 and 72 hours.

(5) Communicability---believed to be limited to the early stages of the diseases. Susceptibility is universal. Most is higher in children under five years of age and becomes less after twenty years.

(6) Methods of Control---preventive measures--education in the niceties of personal hygiene as in covering the mouth when coughing and sneezing and disposal of nose and mouth secretions. It is advisable to have patient use disposable tissue which can be burned or put in the toilet. On recognition of a "common cold" the infected person should avoid direct exposure of others.

(7) Treatment---there is actually no sure way to cure a cold. The principal treatment consists of relieving the local discomfort. Aspirins are helpful, and the bowels should be moved regularly. Rest plays an important part in raising the resistance, and so does a well-balanced diet. Fruit juices and water should be drunk in abundance. When the larynx is involved, absolute rest of the voice is essential. If an infant or older child has a cold, he should be put to bed with a hot water bottle. The room should be warm, and hot baths and hot drinks, as well as alkalis, are very helpful.

c. Dipheheria

(1) Description of the Disease---an acute febrile infection, generally of the air passages, especially tonsils, throat, and nose, marked by a patch or patches of grayish membranes from, as a rule, cultures of the diphtheria bacillus may be obtained. Occasionally, especially in adults, there may be a slight inflammation with little or no membrane.

(2) Source of infection---klebs-loeffler bacillus, (corynebacterium diphtheria,) contained in catarrhal discharges of infected persons or carriers.

(3) Means of Transmission---direct contact with the patient or with infected articles or infected milk.

(4) Incubation Period---usually two to five days--occasionally longer.

(5) Communicability---most prevalent from the second to the twelfth year of life. It is most dangerous in late infancy and early childhood. Predisposing causes are chronic tonsillitis and other inflammatory conditions of mouth and throat. Diphtheria occures the year round, but is most frequent in autumn and winter, when nose and throat infections make persons more susceptible to the disease.

(6) Treatment---remain in bed in a well-ventilated room. He must be isolated for four to six weeks until he has had three successive negative throat swab reports on alternate days after the disease has "died out." He must be kept in bed for at least three weeks after the throat has cleared. Then gradually he may be permitted to sit up and finally to walk. Diet must be liquid.

d. German Measles (Rubella)

(1) Description of Disease---an acute, communicable disease frequently occuring in epidemics, characterized by a mild onset, very little fever, a diffuse rash. Enlargement of the cervical glands is the most commom.

(2) Source of Infection---the virus of rubella.

(3) Means of Transmission---by direct contact with the patient, or with articles freshly soiled with the discharge from the nose and throat of the patient.

(4) Incubation Period---from ten to twenty-one days---about 18 days.

(5) Communicability---world-wide disease. In America it shows seasonal fluctuations with peak in May and June. It is less infectious than measles, and only from 30 to 60 per cent of the exposed susceptible individuals contract the disease. It is uncommon in infants, and the highest incidence occurs between the ages of five and fifteen. It is not infrequent in young adults but is practically unknown after 40.

(6) Treatment---directed at the symptoms. The patient stays in bed, away from others who may contract the disease. The diet should be bland. The patient should be isolated for from seven to ten days.

e. Influenza

(1) Description of Disease---an acute disease caused by a filterable virus.

(2) Source of Infection---two distinct types of virus.

(3) Means of Transmission--direct contact by droplet infection, or by articles freshly soiled by nose and throat discharges of the infected person.

(4) Incubation Period---Short - one to three days.

(5) Communicability---susceptibility is general, although natural resistance or relative immunity appears to protect from ½ to 3/4 of persons intimately exposed to the disease even during widespread epidemics. Acquired immunity resulting from the disease is of short duration.

(6) Method of Control---preventive measures - education of the public as to sanitary hazards from spitting, sneezing, coughing, or other discharge of upper respiratory tract in the close presence of other persons, and the advantages of so guarding the mouth and nose when sneezing and coughing that the likelihood of spray and droplet infection of others may be reduced.

(7) Treatment---only to relieve symptoms. The sulfa drugs and the antibiotics such as penicillin and aureomycin are ineffective. Bedrest and abundant liquids are important. Aspirin and codeine are used most frequently for the aching.

f. Measles (Rubeda)

(1) Description of Disease--an acute infectious disease characterized by fever, catarrhal symptoms of nose, throat, and eyes in the prodromal stage (as well as at the height of the disease) and an early eruption in the mouth. This is followed by a rapidly spreading blotchy eruption, sometimes followed by a branny scaling and peeling during convalescence.

(2) Source of Infection---the virus of measles.

(3) Means of Transmission---direct contact and droplet spread. Indirectly through articles freshly soiled with the nose and throat secreation of an infected individual.

(4) Incubation Period---usually ten days from date of exposure to onset of fever, 13 to 15 days until appearance of rash.

(5) Communicability---95% of the urban population of the world contacts measles before the age of 21. Infants up to 6 months are immune due to the child's blood of antibodies derived from the mother. The seasonal peak incidence of measles is late winter.

(6) Treatment---patient should be isolated, and kept in bed in a dark room, since there is usually great sensitiveness to light. The bowels must be kept open, and there should be a bland diet till temperature goes down. Give copiously of fluids-water, fruit juices, and milk. There are no specific drugs for measles, but lung and other complications, owing to secondary bacterial invasion, must be dealt with by the appropriate antibodies and sulfonamides. Where the sulfonamides are used, some secondary infections may be held in check.

g. Mumps (Infectious Parotitis)

(1) Description of Disease---an acute infectious disease caused by a virus which occurs in the saliva during the first six days of illness. Severe swelling of one or more of the salivary glands occurs. The condition is rare in children under four. It occurs chiefly between the ages of 5 and 15.

(2) Source of Infection---mumps virus.

(3) Means of Transmission---by direct contact with infected persons droplet infection, and from articles soiled with discharge from the nose and throat of such infected persons.

(4) **Incubation Period**---12 to 26 days, usually 18 days.

(5) **Communicability**---probably beginning at least two days before development of symptoms and persisting no longer than the swelling of a salivary gland. A world-wide disease, more prevalent in the temperate zone. Incidence is higher in the winter and spring months and is apparently abetted by crowding; mumps is particularly common in schools, institutions, and military camps.

(6) **Treatment**---entirely symptomatic, and consists of bed rest, light diet, and isolation. In case of orchitis, sterility may be prevented by the use of certain steroid drugs or immunizing gamma globulin.

h. **Poliomyelitis (Infantile Paralysis)**

(1) **Description of Disease**---a widely prevalent infection. Only a small portion of infected persons are clinically recognizable. In its recognizable form an acute illness, usually febrite, with early varying symptomatology, but usually with headache and almost always a characteristic stiffness of neck and spine.

(2) **Source of Infection**---the virus of poliomyelitis.

(3) **Means of Transmission**---transmitted by direct contact and droplets spread through close association with infected persons.

(4) **Incubation Period**---7 to 21 days.

(5) **Communicability**---the exact agency of transfer of the virus from case to case remains a mystery.

(6) **Method of Control**---vaccination and isolation of cases.

(7) **Treatment**---in the acute stage, there is little that can help. If there is paralysis, various orthopedic measures are carried out to prevent shrinking of the muscles, regardless of how mild the condition may be, because weakened backs and extremities, if not supervised may result in permanent injury. Moist heat, massage and early gentle exercise are the only means of restoring potential polio cripples to normal life and of helping the stricken to adjust themselves to their handicaps.

i. **Small Pox---(Variola)**

(1) **Description of Disease**---an acute infection disease occurring in epidemics. It attacks people of all ages.

(2) **Source of Infection**---virus of small pox.

(3) Means of Transmission---by contact with persons sick with the disease - this contact need not be intimate; also by articles of persons contaminated by discharges of the side, from lesions of his skin and mucous membranes.

(4) Incubation Period---7 to 16 days, commonly 12 days.

(5) Communicability---a winter disease in temperate regions, a dry season disease in the tropics. No age is spared, but babies are very susceptible. Negroes seem more vulnerable than whites. Patients are contagious during the entire stage, and probably before. About three weeks in all.

(6) Method of Control---vaccination and isolation of cases.

(7) Treatment---since no specific drug exists, the treatment of the patient is symptomatic; bedrest, fluid diet, ice bags, and sedatives; for the rash, warm antiseptic baths, and dusting powders. Sulphonamides or penicillin should be used for the bacterial complications.

j. Tuberculosis

(1) Description of Disease----among the most common communicable diseases of man. A chronic relapsing disease of man and animals caused by Mycobacterian tuberculosis and characterized by formation in various body tissues of tubercles subject to transformation to a cheesy consistency, with the resulting symptoms of fever, emanciation, and progressive loss of strength.

(2) Source of Infection---tubercle bacillus.

(3) Means of Transmission---inhalation or ingestion of infected droplets, or milk of an infected cow. Discharges from tuberculcus lesions are also infectious.

(4) Communicability---major health problem in the United States, mainly concentrated in large cities and in the poorer sections of those cities. Tuberculosis is not highly contagious; considerable contact is usually necessary before active disease supervenes.

(5) Treatment---the most important treatment in tuberculosis is rest. With most patients it is best that care be at least started in a sanatorium. Absolute bed rest may be prescribed by the physician, and patients with active symptoms may have to be fed. Such bed confinement should be carried on for months before slight graduated physical activity is permitted. If healing fails to ensue or if a cavity is present, further rest of the lung may have to be produced by artificial means. The simplest of these is artificial pneumothorax, or collapsing the lung.

k. Venereal Diseases

Most adults are not fully aware of how widespread and how dangerous the venereal diseases are. Because of the seriousness of the epidemic among teen-agers today, it is crucial that teachers and parents cooperate with the public-health authorities in helping check and reduce the incidence of these destructive communicable diseases.

The U. S. Public Health Service states that more than twenty per cent of reported venereal diseases occur among young people under twenty. More than 250,000 teen-agers between fifteen and nineteen are infected annually. Among young people under twenty, reported cases of syphilis increased 227 per cent between 1956 and 1963, and the number is still increasing.

The U. S. Public Health Service, as well as the Joint Committee on Health Problems in Education of the National Education Assn., feels that the study of venereal disease should be a systematic part of communicable-disease education during early adolescence, and that it should be initiated "not later than the 7th grade." This is the time when young people must be correctly informed about these diseases, since they must make important decisions when they begin dating. Indeed, in one large city, the highest rise in venereal-disease incidence was found among the thirteen-year-olds. The U. S. Public Health Service states that only about ten per cent of our youth have any adequate knowledge of either syphilis or gonorrhea and their effects. Much that boys and girls do "know" is garbled misinformation. Unfortunately, in many schools there is no adequate programs to remedy this situation. Many parents, and even teachers, have taken an "It can't happen here" attitude toward the problem, only to be shocked out of their complacency when it did happen. The present-day increase in sexual relations among boys and girls of all social levels and at an earlier age is resulting in a increases and heightened danger that a chain reaction of venereal-disease infection may occur in any community.

In teaching about venereal diseases there are certain essential facts to stress:

(1) The venereal diseases of syphilis and gonorrhea are spread almost entirely by sexual intercourse with someone who has the disease. There is a rare exception: syphilis may occasionally be spread through kissing, if one of the young people has on the lips or in the mouth a sore containing the germs of syphilis.

(2) The germs of the syphilis and gonorrhea are unable to live outside the body. Therefore, there is little possibility of contracting either diesease from toilets, drinking cups, eating utensils or doorknobs.

(3) Both syphilis and gonorrhea can be cured if they are reported and treated in the early stages. Syphilis that is not treated can cause insanity, paralysis, blindness, deafness, heart disease, death. Untreated gonorrhea can cause damage to the sex organs, sterility, crippling arthritis, blindness, and death.

(4) Just because a person has one of these diseases does not mean he cannot have the other. He may have both at the same time. And there is no immunity following a cured infection; both gonorrhea and syphilis can be contracted any number of times.

(5) The first symptom of syphilis which takes from 30 to 90 days to develop in the chancre (pronounced shanker.) The chancre is a painless sore which may appear on any part of the body, but usually in or around the sex organs. If it comes first within the body, it may go undetected; it will eventually disappear even without treatment. But the germs continue to spread through the body. They may damage particularly the heart brain, liver, or bones.

(6) Some weeks after the appearance of the syphilis chancre, a measles-like rash of pink spots may break out all over the body including the abdomen, sides, and limbs. Many young people confuse the pimples of acne with the rash of syphilis. There is, of course, no connection between the two - a point that needs careful emphasis.

(7) Gonorrhea is more difficult to detect in girls than in boys, since in its early stages there is not pain connected with infection of the female sex organs. For this reason, a girl may pass the disease on to a boy without realizing that she herself has already contracted it. Boys who contract gonorrhea will have, usually within a few days, certain warning symptoms such as frequent burning sensations on urination and the presence of some slight pus.

(8) If a boy or girl suspects that he or she has a veneral disease, a report should be made immediately to a physician or to a clinic. Parents should be confided in at once; but if the youngster cannot bring himself to tell them, he may feel he can talk more easily to the family doctor. Or he may go directly to the Public Health Clinic. If money is a problem, most health departments have free diagnostic and treatment clinics. Treatment by a Physician is essential and preferably by one known to the patient; an unknown doctor may be a quack.

(9) Teen-agers should be impressed with the fact that if they do contract a venereal disease they must cooperate with the health authorities. This means they must give the names of every person with whom they have had sexual intercourse, even if it is a best friend or the person with whom they are going steady. Only in this way can contacts be followed up and the necessary treatment be obtained for

these other young people. If this is not done some of these boys and girls may continue to infect others, and a chain reaction will continue in the community.

Whenever possible the cooperation of the parents in the community should be gained before teachers present this material to classes. However, the lack of parental support should not prevent the teaching of such material as an essential and routing part of a unit on communicable diseases.

C. Evaluation

1. Written test

D. Resources

1. Colliers Encyclopedia, 1964

2. Health for Au. teachers edition W. W. Bauer, Gladys Gardner Jenkins, Helen S. Shaster, Elenore I. Bounds.

VIII. COMMUNITY HEALTH

In the present era it is impossible for the individual acting alone to provide for himself or his family - adequate protection against disease and other conditions which influence ones' well-being. If our present mode of living is to prevail, group action is essential to harmonius adjustments and must increasingly become a matter of personal conduct. As a member of a group, an individual pupil has a responsibility to achieve the following goals:

A. Objectives

1. Recognize and practice health habits which determine the sanitary conditions in home, school, and community.

2. Be able to distinguish between sanitary and unsanitary conditions.

3. Be aware of the importance of qualified personnel who must enact and enforce laws and ordinances without political favor.

4. Be appreciable of the health protection which the governmental bodies, Federal, State, and local, provide for each citizen.

5. Take an active part in initiating and supporting programs of action which will result in better community health.

B. Content - 7th Grade

1. What is "Community Health"

   a. What is the need for community health?
   b. Who is responsible for community health?
      (1) School

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MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

(2) Official public health
(3) Voluntary health agencies and foundations
(4) Individual citizens
(5) Local health councils

2. Suggested Student Activities

a. Have class formulate a definition of "Community Health".
b. Discuss the need for community health.
c. Show a related film.

3. 8th Grade

How does the school assist in the promotion of community health?

a. What specific areas should be considered in community health?

(1) importance of sanitation
(2) functions of health agencies
(3) prevention and control of communicable diseases.

b. How does the school cooperate with other agencies?

(1) Maintenance of health records.
(2) Provisions of facilities and personnel for service and training.

c. What are the components of a healthful school environment?

4. Suggested Student Activities

a. Identify the major problems involved in gaining and maintaining control of environmental conditions such as water and air pollution, waste disposal, food control, prevention of communicable diseases.

b. Invite representatives from local health agencies to discuss the function of their agency.

c. Visit dairy farms, packing houses, disposal plant, etc.

5. 9th Grade

What is the role of local public health agencies in community health?

a. What are their specific responsibilities?

(1) Collection, tabulation, and analysis of vital and public health statistics.
(2) Recommend sanitary regulations and their enforcement.
(3) Supervision or maintenance of services for maternal and child health.

(4) Provision for control of communicable diseases.

b. What are the legal aspects of the local public health agencies?

(1) Delegation of power by the state.
(2) Local police power.
(3) State and local ordinances.

6. Suggested Student Activities

a. Analyze the annual report of the local public health agency.

b. Visit the local public health department.

c. Discuss the need for maintaining records of vital statistics.

d. Observe eating est. and their adherence to sanitary procedures.

e. Have representatives of local agency discuss enforcement of local statues.

7. 10th Grade

What is the role of the State Public Health Agency?

a. What services are offered by the State Division of Health?

(1) Supervision and advisory services
(2) Establishment of rules
(3) Laboratory services
(4) Health education

b. How is the state division of health organized?

c. What are the powers invested in the State Division of Health?

8. Suggested Student Activities

a. Discuss annual report of State Division of Health

b. Show a related film.

9. 11th Grade

What is the role of the Federal Government in promoting community health?

a. What are the major Federal Health Agencies and their functions?

(1) The United States Public Health Service.
(2) The United States Children's Bureau.
(3) The Department of Agriculture.
(4) The Department of Interior.
(5) The Bureau of Census.

b. What are the powers of the Federal Government in regard to health activities?

(1) Regulations of factors involved in interstate health problems.
(2) Taxation powers and distribution of funds for health purposes.

10. Suggested Student Activities

a. Report on pure food and drug act.

b. Secure annual report on Federal Health Agencies, discuss their activities.

c. Check for specific references as to functions of United States Health Agencies.

11. 12th Grade

How do voluntary health agencies and foundations contribute to community health?

a. What are the principal roles of these agencies and foundations?
(1) Serving as a calatyst among health workers.
(2) Pioneering in search of new solutions.

b. What constructive criticism might be directed toward voluntary health agencies?

(1) Duplication of effort
(2) Fiscal policies

c. What is the role of the individual in community health?

d. What are the responsibilities of the individual in community health? (Present and future.)

(1) Monitary support
(2) Active participation as a worker
(3) High standards of personal hygiene

12. Suggested Student Activities

a. Panel discussion of problems of local voluntary health agencies.

b. Show related films

c. Determine the opportunities for participation in your community health program.

d. Survey your own sanitation practices.

Resources: Missouri Schools Guide for Health Education 9-12, 1961

C. Motor System

"Boys and girls are concerned with personal improvement in such areas as strength, agility and endurance and their use in the effective performance of daily activities."

1. Objectives

a. To develop an understanding of the structure and function of various types of muscles.

b. To develop favorable attitudes toward active participation in a broad range of sports and games.

c. To promote practices which develop and maintain physical fitness.

2. Selected Student Activities

a. Class Discussion

(1) Arrange to have school physician lead a class discussion on the subject Maintaining Muscular Tonicity.
(2) Organize a panel for the purpose of discussing the subject Exercise and Fatigue.
(3) Arrange for the showing of an approved film dealing with the structure and function of various types of muscles.
(4) Invite a member of the Bureau of Health Education to discuss the relationship of a sports program to one's physical, mental, emotional, and social development.
(5) Arrange for the projection of slides to serve to identify various types of muscles.

b. Exhibits

(1) Plan a display which includes all types of illustrative material (books, posters, pictures, films) dealing with structure and function of muscles.
(2) Display a range of physical activities in picture form which contribute toward physical fitness.

3. Content

   a. Simple description of the structure and function of various types of muscles.

   b. Physical Fitness

      (1) Conditioning for physical activities
      (2) Maintaining muscular tonicity
      (3) Exercising

   c. The need for individual sports.

   d. The value of competitive games.

   e. First aid for sprains and strains.

4. Evaluation

   To determine increase in knowledge use.

   a. Written tests and oral reports

   b. Inventories and rating scales

   c. Logs, diaries, anecdotal records and class discussion.

Resources: Health Teaching in Secondary School, Board of Education New York City, New York

D. Circulatory System

1. Objectives

   a. To develop an understanding and appreciation of the circulatory system.

   b. To promote desirable attitudes and practices regarding the development and protection of the circulatory system.

   c. Teach a simple description of the structure and function of the heart and blood vessels.

   d. Student should have some knowledge of the composition of the blood.

   e. A general knowledge of the function and development of the red and white corpuscles, platelets, blood plasma, and lymph.

   f. An idea of blood types should be included.

   g. Student should know about blood pressure and its effect on the body, and its source.

   h. The effect of exercise and rest on the heart should be in the unit.

i. Diseases commonly linked with the circulatory system should be included within the course of study.

E. The Circulatory System — Junior High

1. Objectives

a. To teach the students that as blood circulates, food and oxygen are carried to the body cells and wastes are carried away.

b. To instruct that as the heart contracts, blood spurts out of the left ventricle through the main artery called the aorta.

c. To define aorta.

d. To define capillaries.

e. To define arteries.

f. To define veins.

g. To teach how the blood is routed through the body.

h. To teach that as the blood goes through the lungs, carbon dioxide is expelled and fresh oxygen is taken in.

i. To explain to the students what Stephen Hales and William Harvey did.

j. To define "stroke volume".

k. To teach the students that the structures in the heart which left blood pass through and then snap shut to prevent backflow are called valves.

l. To explain the upper and lower chambers of the heart.

m. To explain the job of the right side of the heart and the left side of the heart.

2. Content

a. Definition

(1) arteries
(2) veins
(3) capillaries
(4) aorta
(5) valves
(6) auricles
(7) ventricles
(8) Stephen Hales, William Harvey
(9) red blood cells
(10) white blood cells
(11) platelets
(12) plasma

3. Circulation of Blood
    a. from left side of the heart to
    b. the aorta to
    c. main organs of the body to
    d. veins (dark in color and carrying waste) to
    e. the right side of the heart to
    f. the lungs, where carbon dioxide is expelled and fresh oxygen is taken in. Then the blood returns to the left side of the heart to begin another trip.

4. Important Men to Remember
    a. William Harvey discovered how blood circulates.
    b. Stephen Hales was first to measure blood pressure.

5. Stroke Volume

The ability of the heart to conserve energy, or the amount of blood the heart pumps out at each beat. The effect good physical condition has on the heart.

6. Structure of the Heart
    a. Upper chambers
    b. Lower chambers
    c. Valves

7. Function of the Heart
    a. to pump blood through the body
    b. right side of the heart
    c. left side of the heart

8. Suggested Student Activities
    a. Roll up a piece of paper and put one end of the paper tube against someone's chest and your ear at the other end. Can you tell when the heart rests?
    b. Look at a drop of blood under a microscope. Next time you cut your finger, notice how long the blood takes to clot.
    c. Demonstrate to the class how to take a pulse.

9. Evaluation
    a. Tests as follows:
        (1) true-false
        (2) multiple choice
        (3) discussion or essay
        (4) short answer
        (5) completion
        (6) matching

b. Projects

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Health For All, book seven, by W.W.Bauer, Gladys Jenkins, Helen Shacter, and Elenore Pounds. Copyright 1965 by Scott, Foresman & Company.

Health For All, book eight, by W.W.Bauer, gladys Jenkins, Helen Shacter, and Elenore Pounds. Copyright, 1965 by Scott, Foresman, and Company.

F. The Circulatory System - Senior High

1. The Objectives

a. To teach the chemical make up of blood.

b. To teach how the blood is pumped through the body.

c. To teach students about blood pressure.

d. To list heart diseases.

e. To explain the role of lymph.

f. To teach what the circulatory system has to do with disposing of wastes.

g. To explain the different types of blood.

2. Content

a. Chemical make up of blood and function of each

(1) plasma
(2) red blood cells
(3) white blood cells
(4) platelets
(5) hemoglobin

b. Method of circulation

(1) from left ventricle to
(2) the aorta to arteries to
(3) main organs of the body to capillaries to
(4) veins, at which time the blood is dark in color and carrying wastes to
(5) the right auricle to right ventricle to
(6) the lungs, where carbon dioxide is expelled and fresh oxygen is taken in. Then the blood returns to the left ventricle of the heart to begin another trip.

c. Blood Pressure

(1) changes in blood pressure
(2) high blood pressure (dangers of)

d. **Heart Disease**

(1) Some caused by infection
diptheria
scarlet fever
syphilis

(2) wear and tear of living (older people)

(3) coronary occlusion

(4) coronary thrombosis

(5) rheumatic fever

e. The Role of the Lymph

(1) nutrients and oxygen flows into the tissue fluid, or lymph

(2) removes waste products of cell metabolism

(3) medium of exchange between the blood and the cells.

f. Disposing of Wastes

(1) venous blood

(2) urinary system

(3) kidneys filter the blood

g. Types of blood

(1) meaning of blood type

(2) four general types of human blood

(3) RH factor

(4) blood type for marriage

3. Suggested Student Activities

a. Draw a diagram showing the circulatory system.

b. Find out what kind of research is being conducted on various heart conditions. Report to the class.

c. Obtain from the meat market a sheep, beef, or pig heart. Find the atria, ventricles, and valves. Squeeze some water through the heart. Can you see how the valves close? Find the right side of the heart (the right ventricle is smaller than the left.)

Now find the holes where the venae cave enters the right atrium. Can you find the pulmonary artery? Look at the left side of the heart. Find the pulmonary veins entering the left atrium. Find the aorta. Find the coronary blood vessels in the walls of the heart itself.

d. Find the heart, arteries, and veins in a chicken or some other animal.

e. Under a microscope look at the web in a frog's foot. Can you see the blood run in spurts in the arteries? Count the frog's pulse rate. Find its veins and its capillaries.

4. Evaluation

a. Tests as follows:

(1) true-false
(2) multiple choice
(3) discussion or essay
(4) short answer
(5) completion
(6) matching

b. Projects

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G. Respiratory System

1. Objectives - Junior High

a. Acquaint your students with respiratory system.

b. Familiarize students with the functions of the respiratory system.

c. Familiarize students with the parts of the respiratory system.

d. Teach proper care of respiratory system.

e. Acquaint students with injuries and diseases of the respiratory system.

2. Content

a. Grade 7

(1) Discuss the breathing process.
(2) Two main functions of respiratory system.
(3) Names of larger structures of the system.
  a. Nose
  b. Larynx
  c. Trachea
  d. Bronchial tubes
  e. Lungs
  f. Diaphragm
(4) Discuss air pollution

b. Grade 8

(1) Exchange of gases in the lungs.
(2) Review breathing process.
(3) Review structures of the system.

c. Grade 9

(1) Functions of the numerous structures that make up the respiratory system.
(2) Relation of respiration and circulation.
(3) Distinction between body respiration and cell respiration.
(4) Discuss diseases and injuries of the respiratory system.
  (a) colds
  (b) pneumonia
  (c) tuberculosis
  (d) asthma
  (e) chronic bronchitis
  (f) emphysema
  (g) rheumatic fever
  (h) tobacco (effects of)

3. Suggested Student Activities

a. Draw parts of respiratory system.
b. Show charts of structures of respiratory system.
c. Ask students about methods of breathing.
d. Evaluate good ventilation in the room.
e. Evaluate air conditioning.
f. Have students make a report on proper attire for the different seasons.
g. Have students report on respiratory illnesses.
h. Have nurse to discuss symptoms of diseases.
i. Make a list of cold preventatives by student suggestions.

4. Evaluation

a. Give written tests on subject matter
b. Give oral tests on subject matter.
c. Observe number of respiratory diseases among pupils after unit has been taught.
d. Do students show an increased awareness of responsibility for their own health
e. Is there evidence that competent medical attention is being sought forrespiratory illnesses among the students?

Resources: Bauer, Jenkins, et al; Health For All (book eight) Atlanta, Ga. (Scott, Foresman and Company) 1965.

Bauer, Jenkins, et al; Health For All (book seven) Atlanta, Ga. (Scott, Foresman and Company) 1965.

Byrd, Neilson, and More; Health 8: River Forest, Ill. (Laidlaw Brothers) 1966.

Junior High Health Guide; Pinellas County Public Schools

H. Respiratory System - Senior High

1. Objectives

   a. Enlarge the students knowledge of the respiratory system.

   b. Familiarize students with the functions of the diaphgram in breathing.

   c. Give students a working knowledge of how oxygen passes from the lungs to the blood stream.

   d. Give students a working knowledge of how the red blood cells carry oxygen to all parts of the body.

   e. Make students aware of injuries and diseases of the respiratory tract.

   f. Acquaint students with good respiratory habits.

2. Content

   a. Study how we breathe.

   b. Study all parts (large and small) of the respiratory system.

   c. Study the functions of the diaphragm in breathing.

   d. How oxygen passes from the lungs to the blood stream.

   e. The red blood cells function of carrying oxygen to all parts of the body.

   f. Discuss in detail:

      (1) Common cold
      (2) Pneumonia
      (3) Tuberculosis
      (4) Asthma
      (5) Chronic Bronchitis
      (6) Emphysema
      (7) Rheumatic Fever
      (8) Effects of tobacco

   g. Discuss respiratory habits good and bad.

h. Discuss possibilities of decreasing respiratory rate.

i. Discuss causes of increasing respiratory rate.

3. Suggested Student Activities

a. Draw and label structures of respiratory system.
b. Show medical charts of structures of respiratory system.
c. Have students do individual reports on respiratory illnesses.
d. Have a doctor as a guest speaker.
e. Show films related to respiratory system.
f. Conduct simple experiments dealing with respiratory functions.

4. Evaluation

a. Give written test of subject matter covered.
b. Give oral test of subject matter covered.
c. Observe number of respiratory diseases among pupils after unit has been taught.
d. Observe ratio of students smoking before this unit and those after it.
e. Is there evidence that competent medical attention is being sought for respiratory illnesses among the students?
f. Do students show an increased awareness or responsibility for their own health after unit?

Resources: Nicoll, James S. and Foster, Julia C.; Health Today and Tomorrow: River Forest, Ill. (Laidlaw Brothers) 1966

I. The Nervous System - Junior High

1. Objectives

a. To gain the knowledge of parts of the brain.

b. To better understand how the brain controls body functions.

c. To better understand voluntary actions such as walking, etc.

d. To better understand the need for proper amount of rest, exercise, and relaxation.

2. Content

a. Grade 7

(1) Where the brain is housed and how it is protected.
(2) Names of the sections of the brain and spinal cord and the general function of each part.
(3) The need for proper amounts of sleep.

b. Grade 8

(1) Review of what was learned in Grade 7
(2) Why you dream and how it is possible to determine how long a person dreams.

(3) The difference between true fatigue and mental fatigue.
(4) The nutritional needs of the nervous system.

c. Grade 9

(1) Review of grades 7 and 8
(2) The autonomic nervous system

3. Suggested Student Activities

a. work with pictures
b. diagrams
c. discussion
d. project work
e. posters
f. demonstration
g. experiments

4. Evaluation

a. written tests
b. participation in discussion
c. ability to put models together

Resources: Health leaflets and pamphlets from the State Board of Health.

Your Health and Safety: Clemensen, Lawrence, Hayman, LaPorte, Harcourt, Brace and World, inc. New York, 1961.

J. The Nervous System - Senior High

1. Objectives

a. To gain a better understanding of the central nervous system with emphasis on the autonomic nervous system.

b. To become familiar with the names of some of the nerves and to be able to trace an impulse.

c. To understand more fully the chain reaction that takes place following an impulse.

2. Content

a. Review of grade 9
b. Study of the ganglia
c. Study of how the nerves balance each other
d. Sympathetic and parasympathetic impulses
e. Trace an impulse to the brain and back to the muscles or glands.

3. Suggested Student Activities

a. Read book

b. Experiments with animals
c. Demonstrate examples of reactions
d. Study atlas diagrams
e. Label diagrams

4. Evaluation

a. Written tests
b. Participation in discussion
c. Research papers
d. Posters and projects

Resources: Health leaflets and pamphlets from the State Board of Health.

Your Health and Safety - Clemensen, Lawrence, Hayman, LaPorte. Harcourt, Brace and World Inc., New York, 1961.

5. Finding the Health Needs and Problems of Children

a. pre-tests-general health and/or specific areas
b. questionnaires
c. health records of students
d. observation
e. parental requests and comments
f. standard statements on the needs and problems of children
g. teacher-health officer conferences
h. present community health problems and drives

K. Tobacco, Alcohol, Narcotics - Junior High

1. Objectives

a. To clearly define tobacco

b. To help students know why young people smoke or want to smoke

c. To explain what is in cigarette smoke

d. To teach students that smoking can become a habit.

e. To explain that smoking is harmful to life

f. To show the cost of smoking

g. To explain that alcohol affects the nervous system.

h. To clearly define alcohol

i. To acquaint student with different kinds of alcohol

j. To teach students that physical and mental efficiency is impaired by alcohol.

k. To list the deaths caused by alcohol and driving.

l. To explain the loss of self-respect when alcohol is used.

m. To list the reasons why people drink.

n. To list the cost of the use of alcohol.

o. To teach alcohol is habit forming.

p. to explain what an alcoholic is.

q. To briefly explain the law for selling alcohol to a minor.

r. To teach the types of narcotics and drugs.

s. To clearly define narcotics.

t. To define addiction.

u. To teach how one can become addicted.

v. To teach the effects of narcotics on the body.

w. To give the cost of the daily use of narcotics.

x. To briefly explain the law of possession, selling, or using narcotics.

2. Content

a. Definition of:
alcohol
tobacco
narcotics
habit
cancer
alcoholic
addiction

b. Reasons for:
smoking
drinking
use of drugs

c. Effects of tobacco on:
the heart
the lungs

d. Effects of alcohol on:
the nervous system
physical and mental efficiency
vision
muscular coordination
breathing

circulation of the blood
digestion

e. Effects of Narcotics on:
the nervous system
respiration
mental health

f. Weekly Cost of:
a person who smokes one and one half pack a day; two adults who "socially drink"; narcotics for one person.

g. Law Governing:
age to sell or use alcohol by minors
driving while under the influence of alcohol; selling, possessing, or using narcotics.

h. Loss of Self Respect:
while under the influence of alcohol
while under the influence of drugs.

i. Help for the:
alcoholic
dope addict

3. Suggested Student Activities

a. Write a paragraph or more on one of these topics:

(1) Sleeping pills: Uses and Abuses
(2) The Dangers of Using Marijuana
(3) New Facts about Smoking
(4) Alcohol—A Safety Problem
(5) Why Young People Should Not Use Alcoholic Beverages

b. Make a collection of clippings from the newspapers about traffic accidents. Discuss the accidents in which alcoholic beverages played a part.

c. Watch for advertisements about alcoholic beverages and tobacco. Study these advertisements to see what reasons they suggest for using these substances. Notice, too, what import information about the use of these products is not mentioned.

d. Read the pamphlet What You Should Know About Smoking and Drinking, a Junior Life Adjustment Booklet, by W. W. Bauer and Donald A. Dukelow (Science Research Associates.) Be ready to discuss the information given on such topics as these:
(1) How Alcohol can Affect the Family.

(2) Alcohol and Crime
(3) Alcohol: A Community Problem
(4) What Tobacco Does to the Body

e. Investigate and report on the work of the Federal Bureau of Narcotics, a division of the United States Treasury Department, in enforcing the country's narcotic laws.

f. Use reference aids such as the World Almanac to find out the amount of money spent on alcohol and tobacco in this country in a recent year. Also find out the amount of money spent for such purposes as education, highways, and churches, and make graphs of these figures for comparison.

4. Evaluation

a. Tests as follows:

(1) true-false
(2) multiple choice
(3) discussion or essay
(4) short answer
(5) completion
(6) matching

b. Projects

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L. Tobacco, Alcohol, Narcotics — Senior High

1. Objectives

a. To clearly define tobacco.
b. To list reasons given by your class as to why young people smoke.
c. To show the amount of nicotine contained in a pack of cigarettes.
d. To show what raw nicotine can do to the skin.
e. To explain how smoking can become a habit.
f. To explain to students that smoking has ill effects on the heart and circulatory system.
g. To teach students that smoking can cause lung diseases other than lung cancer.
h. To show how smoking can shorten one's life.
i. To show the cost of smoking for a period of one week, one month, one year.
j. To clearly define alcohol.
k. To list the various kinds of alcohol.
l. To explain what affects alcohol has on the

nervous system, physical and mental efficiency.

m. To teach how alcohol causes the loss of self-respect and moral standards.
n. To list the number of divorces and broken homes caused by alcohol.
o. To give the cost of social drinking.
p. To give the definition of an alcoholic
q. To list the available help for an alcoholic.
r. To give the treatment used in helping an alcoholic.
s. To explain the uses of alcohol in industry and medicine.
t. To teach the laws for drinking.
u. To clearly define narcotics.
v. To list the different kinds of narcotics and drugs.
w. To define addiction.
x. To teach how drugs and narcotics are introduced to young people.
y. To explain how narcotics can cause loss of self-respect.
z. To teach what an addict will do to obtain narcotics.
aa. To teach the effects of narcotics on the body.
bb. To teach how withdrawal effects the body.
cc. To list the places an addict can receive help.
dd. To teach the laws covering the possessions, selling or using narcotics.
ee. To give the cost of a daily dosage of a drug.

2. Content

a. Definition

(1) Tobacco
(2) Nicotine
(3) Alcohol
(4) Alcoholics Anonymous
(5) Stimulant
(6) Narcotics
(7) Barbiturate
(8) Benzpyrene
(9) Bromide
(10) Drug Addict
(11) Marijuana
(12) Opiates

b. Reasons for using the following: (based on reasons students give)

(1) tobacco
(2) alcohol
(3) narcotics

c. Effects of the following:

(1) Alcohol:
  (a) nervous system
  (b) sensory centers of sight and hearing
  (c) motor centers
  (d) unconsciousness
  (e) ability to judge and reason clearly

- (f) circulatory system
- (g) loss of appetite
- (h) indigestion
- (i) damage of heart, liver and kidneys

- (2) Tobacco
  - (a) heart and circulation
  - (b) oxygen absorption in the lungs
  - (c) coronary heart disease
  - (d) cancer
  - (e) chronic coughing
  - (f) chronic bronchitis
  - (g) emphysema (a disease in which the lungs lose their ability to contract and expand)
  - (h) reduces the appetite
  - (i) dulls the senses of taste and smell
  - (j) brown stains on the teeth and fingers by tar
  - (k) unpleasant mouth conditions and breath
  - (l) ulcer of the stomach
  - (m) premature aging and loss of vitality

- (3) Narcotics
  - (a) central nervous system
  - (b) damage to the mind
  - (c) utter dependence upon a drug
  - (d) personality change to the worse

- d. Cost of:
  - (1) weekly cost of a smoker who smokes two packs a day.
  - (2) monthly cost of a husband and wife who socially drink.
  - (3) daily cost of a drug addict

- e. Loss of Self Respect
  - (1) While under the influence of alcohol
    - (a) loss of moral values.
    - (b) too loud, often obscene
  - (2) While under the influence of drugs
    - (a) willing to commit a crime to obtain money for more drugs
    - (b) not ever real self

- f. Laws:
  - (1) laws covering driving while drinking
  - (2) being under age and drinking
  - (3) various state laws of 1 and 2
  - (4) Laws covering the use of or selling and possession of narcotics

- g. Institutions of Help
  - (1) AA
  - (2) U.S. Public Health Service Hospitals
  - (3) Ministerial help

h. Dangers of:

(1) Social drinking
(2) Experminting with a marijana cigarette or other drug

3. Suggested Student Activities

a. Collect and discuss articles on nicotine, alcohol, and other drugs.

b. Look for the pressures in your community that push people into smoking or drinking (radio, television, newspaper and billboard advertisements, campaigns, talks, movies, and so forth.) Are there pressures in the opposite direction? Some towns have been trying in recent years to cut down the drinking and driving during the New Year's holiday. Ask the police department in your town what they know of the problem and how they try to meet it.

c. Make a study of advertising of all kinds in one magazine; in two or three newspapers; in buses; on billboards. Remember that an advertisement is aimed at getting you to buy something or to do something. How many advertisements do you find that seem to tell all the important facts? How many tell some of the facts?

d. Find out about the laws in your state concerning the selling of tobacco and alcohol and other drugs to young people. What are the reasons for such laws?

e. Make a list of non-alcoholic drinks suitable for social occasions.

f. Show what else might have been done with the money spent on alcohol.

g. List the health services of your community, and discuss any one of them in detail.

h. Find out how the number of alcoholic drinks a person has taken influences his reaction time when driving.

i. Make a chart showing the amount spent yearly in the United States for illness, alcohol, narcotics, tobacco, education, and cosmetics.

j. Cut out several cigarette and liquor advertisements. Study the appeal made by them. Report your findings to the class.

4. Evaluation

a. Tests as follows:

(1) true-false
(2) multiple choice
(3) discussion or essay
(4) short answer
(5) completion
(6) matching

b. Projects

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M. Family Living Junior High

1. Objectives

a. To help the teenager to understand human relationships, particularly as he relates to his or her own changing role from a dependent child in the family to a mature independent individual.

b. To help the teenager to understand and appreciate the many factors that are important in successful marriage and family living.

2. Content

a. Seventh Grade

(1) Have an understanding and consideration for the welfare, and happiness of all members of the family.

(2) Have an understanding of friendships: how they are made, and why they sometimes fail.

b. Eighth Grade

(1) Have a knowledge of the role of each individual plays in making decisions and in appreciation of the authority of parents.

(2) Understand that responsibilities go along with freedom.

c. Ninth Grade

(1) Acquire more self-confidence in getting along with members of the opposite sex.

(2) Understand that certain factors are essential for establishment of a happy marriage and home; recognize the need of planning before marriage.

(3) Understand the changes that take place in the body at adolescence.

(4) Understand human reproduction.

3. Suggested Student Activity

   a. Have a "free reading period" then have a discussion class.

   b. Make a bulletin board display showing various family scenes and activities.

   c. Take a census of family hobbies and have a hobby show.

   d. Write reports about character traits.

   e. Panel discussions.

   f. Round table discussions.

   g. Make a list of qualities you admire in your parents.

   h. Films

   i. Debates

4. Evaluation

   a. Written

      (1) Multiple choice
      (2) Fill in
      (3) Essay
      (4) Reports

   b. Oral

      (1) Panel discussion
      (2) Debate
      (3) Objective

Resources: LeFevre, John R. Health Education in Secondary Schools, Springfield, Illinois, 1963.

Bauer, W. W., and others, Health for All, (book seven) and(book eight) Scott, Foresman and Company, 1965.

Byrd, Neilson, and Moore, Health 7, Laidlaw Brothers, 1966

Byrd, Bolton, Foster, and Nicoll, Health Today and To-Morrow, 1966

N. Family Living - Senior High

1. Objectives

a. To understand the role of the family in society.

b. To understand the effects of modern living upon the family.

c. To realize his place in the family, the diversity of interests, capabilities and feelings of other members of the family.

d. To understand his parents, and to improve his relationship with them.

e. To form a concept of the type of home and family he wants to establish, and how to plan for and develop a family.

f. To understand dating problems.

g. To evaluate the qualities desirable in a mate.

h. To understand why society has moral values and codes of conduct and to realize what is meant by emotional maturity.

i. To understand the physiological process of conception and birth, and to remove superstitions and fear of pregnancy.

j. To understand the responsiblities he or she assumes in the marriage contract, and to realize its privileges and obligations.

k. To realize the causes and effects of broken homes; and to know that there are people to whom one may turn for counsel.

l. To understand his role as a parent and to help him be able to answer children's questions concerning sex at various age levels, and to develop a wholesome attitude.

2. Content

a. Appreciate his family, is cooperative, loyal and responsible.

b. Appreciates his brothers and sisters, and tries to improve his relationship with them.

c. Understands the reason for differences of opinion between parents and children.

d. Establishes ideals, standards and concepts of the kind of home and family he wishes to have.

e. Knows how to ask for a date, proper conduct on a date, how to avoid improper relationships.

f. Understands the value of courtship and the purpose of the engagement period.

g. Understand the physical and emotional characteristics of adolescence.

h. Is able to constructively direct one's emotions.

i. Realizes the seriousness of marriage.

j. Knows that many teenage marriages result in divorce.

k. Know how to answer children's questions concerning sex.

3. Suggested Student Activity

a. Have a "free period for reading" followed by a discussion class.

b. Class discussion

c. Make a list of things you would like to discuss.

d. Discuss problems.

e. Panel discussions.

f. Write unsigned article as "The Kind of Person I want to Be".

g. Make charts and bulletin boards to display.

h. Round table discussions.

i. Debates

j. Films

4. Evaluation

a. Written

(1) Multiple choice
(2) Fill in
(3) Essay
(4) Reports

b. Oral

(1) Panel discussions
(2) Debate
(3) Objective

Resources: LeFevre, John R., Health Education in Secondary Schools
Springfield, Illinois, 1963

Byrd, Bolton, Foster, Nicoll, Health Today and Tomorrow, 1966.

IX. PERSONAL HYGIENE

It is important that students learn the essentials of personal hygiene and assume responsibility for carrying them out conscientiously insofar as they are within their control. This means that students should give attention to the skin,hair, nails, cleanliness, clothing and so on.

Instruction should be directed not only toward the "how" in such care, but also to the reasons for it and an application of this knowledge to everyday living.

A. Objectives---Grades 7-8

1. To develop desirable practices with regard to periodic and special medical examinations.
2. To develop an attitude of cooperation with school and community health agencies for maximum efficiency.
3. To acquire a simple understanding of the physical structure and function of the skin, hair, nails, ears, eyes and teeth.
4. To develop those desirable attitudes, habits and practices which are necessary for the protection and care of the skin, hair, nails, ears, eyes and teeth.
5. To develop desirable habits, attitudes and practices with respect to good washing and bathing routines.

B. Content

1. The importance and significance of a periodic physical examination.
2. The necessity of a medical examination for a participant in any active program of direct physical activity.
3. The pupil's responsibility for remaining at home when he is not well.
4. The necessity for consulting a physician or dentist when the need arises.
5. The role of the following in the periodic medical examinations of pupils:
   a. pupil
   b. parent
   c. private physician
   d. school physician
   e. public health nurse
   f. local hospitals
   g. clinics

6. The relationship of the following to good medical or dental care:
    a. Medical and dental societies on local, state and federal levels.
    b. Visiting nurse at home.
    c. Health and welfare agencies on local, state and federal levels.

7. a. The layers of skin
    b. How the skin helps to regulate body temperature
    c. How to achieve a healthy complexion
    d. The importance of bathing regularly
    e. The influence of a good diet on skin
    f. Prevention and care of chapped skin
    g. The advantages and dangers of sunbathing
    h. Understanding and care of the following skin conditions:
        (1) blackheads
        (2) callouses
        (3) blisters
        (4) burns
    i. Soaps and their uses
    j. Evaluating the various types of soap, cosmetics and toilet preparations
    k. The meaning of a wound
    l. Types of wounds:
        (1) abrasions
        (2) incisions
        (3) lacerations
        (4) punctures
    m. Possible dangers involved in wounds:
        (1) infection
        (2) hemorrhage
    n. Infections:
        (1) causes
        (2) symptoms
        (3) care
    o. First aid treatment of wounds:
        (1) abrasions
        (2) incisions
        (3) lacerations
        (4) punctures
        (5) mild bleeding
        (6) severe bleeding
        (7) powder burns
        (8) gunshot wounds
        (9) bites
            (a) animal
            (b) insect
            (c) other

8. Hair
    a. Understanding of the structure and function of hair.
    b. The way in which hair grows.
    c. Factors which contribute toward the growth of hair.
    d. The steps involved in a satisfactory hair shampoo.
    e. The essentials of keeping a comb and hairbrush in good condition.
    f. The cause and cure of dandruff.
    g. Prevention and cure of pediculosis.

9. Nails

    a. Understanding of the structure and function of nails.
    b. The proper care of nails.
    c. The relationship of nutrition to the health of nails.
    d. The causes and effects of nailbiting.
    e. How to prevent hangnails.
    f. Ways to avoid ingrown toenails.

10. Cleanliness

    a. Soap and water as cleansing agents.
    b. The daily bath or shower as the satisfactory bathing routine.
    c. The importance of keeping hands and inappropriate articles away from the mouth, nose, eyes, ears and wounds.
    d. The importance of hand washing before and after toileting and before handling or eating foods.

11. Ears and Hearing.

    a. Understanding of the structure and function of the ear.
    b. The importance of good hearing for success in school and life.
    c. The possible effects of diphtheria, scarlet fever and measles on hearing.
    d. The effect of blows on the ear to hearing.
    e. The importance of prompt medical attention to your upper respiratory infections as a proper safeguard against ear diseases.
    f. Symptoms of hearing difficulties.
    g. The importance of early discovery of hearing impairment.
    h. Ways in which one's hearing acuity may be determined scientifically.
    i. Advances in treatment of hearing impairment.

12. Dental Health

    a. Understanding the structure and function of the teeth.
    b. The development of teeth in relation to the jaw-understanding the growth of temporary and permanent teeth.
    c. The importance of periodic dental examinations.
    d. Factors which may contribute to dental decay.
    e. Factors which may help to produce and maintain sound teeth:
        (1) The relationship between proper nutrition and dental health.
        (2) The proper technique for brushing teeth.
        (3) The prevention of dental decay through the application of sodium fluoride to teeth.
    f. The characteristics of a good toothbrush and its proper care.

13. Eyes

    a. Understanding of the structure and function of the eyes.
    b. The importance of good eyesight.
    c. The importance of periodic eye examinations for visual acuity and possible eye defects.
    d. Care of eyeglasses.
    e. The importance of an appropriate seat in the classroom.
    f. The importance of reading material that meets the highest standards in terms of clarity, texture of paper, and type and size of print.

g. The importance of holding reading material at the proper angle and distance from the eyes.
h. The relationship of proper illumination to the conservation of eyesight.
i. The importance of and methods for resting the eyes while engaged in sustained reading.
j. The importance of early discovery of eye deficiencies.
k. The importance of color perception test for general safety and vocational guidance.
l. The relationship of eye health to general health.
m. Danger of eye infections through self-medication, unclean hands, common towels and unclean handerchiefs.
n. First aid care for a foreign body in the eye.
o. Proper lighting conditions and sitting distance for television viewing.

14. Selected Student Activities

A. Class Discussion:

(1) Arrange to have the school physician address the class on the topic, "The Significance of a Periodic Physical Examination."

(2) Interview a member of the county medical society on "The Necessity of a Medical Examination for a Participant in an Active Athletic Program."

(3) Arrange for the showing of films dealing with the structure and care of the skin, hair, nails, ears and teeth. These films may be obtained through the Bureau of Audio-Visual Instruction.

(4) Arrange to have the school nurse lead a discussion with the class on the subject, "The Visiting Nurse Home Service."

(5) Tape record an interview with a representative of the New York Academy of Medicine on the subject, "The Function of Medical Societies on Local, State and Federal levels."

(6) Invite a physician from a life insurance company to speak to the class on the kind of medical examination given by life insurance companies.

(7) Arrange for student visits to district health centers in order to become familiar with department of health facilities in connection with medical examinations.

(8) Organize a round table discussion dealing with the subject, "The Influence of a Good Diet on Skin." Such a panel may include the school doctor, a nutritionist from the Department of Health and a teacher of health education.

(9) Have a member of the Division of Safety Services of the American Red Cross speak to the class on the nature and cure of wounds.

(10) Have a dermatologist recommended by the County Medical Society lead a discussion on the criteria for the selection of soap, cosmetic and toilet preparations.

(11) Invite a guidance counselor to speak on the importance of good hearing for success in school and life.

(12) Arrange to have the District Health Education Counselor address the class on the subject, "Ways in Which One's Hearing Acuity may be Determined Scientifically."

(13) Have the school nurse lead a discussion on the importance of periodic eye examinations for visual acuity and possible eye defects.

(14) Organize a panel of students for the purpose of discussing, "The Importance of Keeping Hands and Unclean Articles Away From The Mouth, Nose, Eyes, Ears and Wounds."

(15) Arrange to have a school psychologist talk to the class on the subject, "The Causes and Effects of Nailbiting."

(16) Have a committee of students read and report on the symptoms and signs of hearing difficulties.

(17) Invite a representative of a local eye clinic to speak to the class on "The Relationship of Eye Health to General Health."

(18) Arrange for tests to determine color blindness and use the results as a basis for class discussion.

(19) Have a Dentist of the County Dental Society lead a discussion on factors which help to produce and maintain sound teeth.

(20) Interview Dentists on the subject, "The Relationship Between Proper Nutrition and Dental Health."

(21) Arrange for students to do reading in the area of the application of fluoridated water to teeth and report the findings to the class.

(22) Have students confer with private dentists in an effort to determine the characteristics of a good toothbrush and its proper care.

B. Exhibits

(1) Plan a display of illustrative material (books, pamphlets, pictures, etc.) dealing with the care of the skin, hair, nails, ears, eyes and teeth.

(2) Set up a display of models (plaster, clay, papier mache, etc.) of ears, eyes, and teeth.

(3) Display a series of pictures revealing the proper technique for brushing teeth.

(4) Display audiometric instruments furnished by reputable manufacturers.

C. Bulletin Boards

(1) Post current newspaper and magazine articles dealing with the care of the skin, hair, nails, ears, eyes and teeth.

(2) Collect and place on bulletin boards pictures dealing with the first aid treatment of wounds.

(3) Develop and post a code dealing with the care of the skin, hair, nails, ears, eyes and teeth.

A. Objectives - Grade 8

1. To develop desirable practices with regard to the care and selection of clothing.

2. To develop those understandings, appreciations and practices which will lead to the improvement and correction of posture.

B. Content

1. Clothing

a. The importance of wearing clean apparel.

b. Reasons for frequent change of clothing.

c. Importance of learning to wear appropriate clothing for the occasion and the weather.

d. Need for airing clothing.

e. Importance of health and comfort as considerations in choosing clothing and shoes.

2. Posture

a. The relationship to posture of such activities as----

(1) Walking
(2) Sitting
(3) Standing
(4) Athletics
(5) Others

b. Good posture and its effect on poise and appearance.

c. Distinction between functional and organic poor posture.

d. Relationship of feet to posture.

e. Importance of early correction of postural defects.

f. Hygienic care of the feet.

g. Resources of correcting poor posture.

3. Selected Student Activities

a. Class Discussion

(1) Arrange to have a member of the home economics department discuss, "The Need for Airing Clothing."

(2) Arrange for the showing of approved films on the care and selection of clothing. These may be obtained from the Bureau of Audio-Visual Instruction.

(3) Set up a panel consisting of students and parents for the purpose of discussing, "Health and Comfort as Considerations in Choosing Clothing and shoes."

(4) Have members of the class read and report on— "Reasons for Frequent Change of Clothing."

(5) Invite a guidance counselor to lead a discussion on the "Proper Clothing for the Occasion and the Weather."

(6) Interview the district health education counselor on the subject, "The Relationship of Physical Activities to Posture."

(7) Tape record an interview with a member of the Department of Health and Physical Education of a local college on the subject, "The Importance of Early Correction of Posture Defects."

(8) Arrange for a panel discussion dealing with the subject, "Good Posture and its Effect on Poise and Appearance." Include a student, a parent, and the school nurse in the panel.

(9) Invite a member of the local county medical society to discuss, "The Distinction Between Functional and Organic Poor Posture."

(10) Survey community resources for correcting poor posture and use this as a basis for discussion.

(11) Arrange to have members of the class read recommended material dealing with the hygienic care of the feet and report important features to the class.

b. Exhibits

(1) Display posters, pictures, booklets and charts dealing with the care of clothing.

(2) Set up a model of the skeletal structure to be used to illustrate the relationship of well-formed bones to personal appearance.

c. Trips

(1) Arrange a visit to a local department store to see displays of clothing designed for occasion and weather.

(2) Visit local hospitals, colleges or universities where programs are in operation for the correction of postural defects.

d. Bulletin Boards

(1) Post current newspaper and magazine articles dealing with the care and suitability of wearing apparel.

(2) Collect and place on bulletin boards pictures revealing the relationship of activities to posture.

e. Miscellaneous

(1) Develop vocabulary and spelling lists dealing with clothing and posture

(2) Organize a fashion display to reveal appropriate clothing for various occasions.

(3) List recommended television, radio and movie programs dealing with clothing and posture.

(4) Prepare slides identifying posture through a variety of physical activities.

(5) Draw pictures of the skeletal structure.

(6) Make models (3-dimensional) to reveal balance as exemplified in game actions.

(7) Prepare posters detailing the elements involved in the care of the feet.

A. Objectives—Grades 9, 10, 11, and 12

1. To develop desirable practices regarding regular medical examinations and the correction of remediable defects.

2. To develop further understanding of the structure and function of the skin, hair, nails, ears, eyes, teeth and feet.

3. To develop desirable attitudes, habits and practices necessary for the protection and care of the skin, hair, nails, ears, eyes, teeth and feet.

4. To develop desirable attitudes and practices in regard to clothing which will promote health and enhance personal appearance.

5. To develop an understanding of the factors which affect skeletal alignment and to promote those practices which will insure good posture.

B. Content

1. The Health Examination

   a. The responsibility of knowing one's own state of health.

      (1) The physical inspection given in school and its relationship to one's own health status.
      (2) Recognition of signs of health.

   b. The general importance of a regular physical examination.

      (1) Factors inherent in a good physical examination.
      (2) The importance to the physician of a complete physical history in guiding the student to maintain the optimum level of fitness.
      (3) The importance of discovering typical health conditions in their early stages.
      (4) The part that students and parents are expected to play in connection with student health examinations and follow-up.
      (5) Accepted standards regarding the need for and frequency of regular medical examination.

   c. The role of the student in effectuating a successful program leading to the correction of remediable defects, following the health examination.

   d. Ways of meeting the costs of medical care.

      (1) The types of health insurance plans.
      (2) The role of the Department of Health and other public and/or private agencies in the total picture of student health.

   e. The development of criteria for selecting medical and dental assistance.

      (1) The specialized training and experience of the physician and dentist one seeks to choose.
      (2) The standing of the physician and the dentist in an approved hospital and clinic.
      (3) Membership in recognized professional associations.

   f. The interplay of physical, mental, social, and emotional factors in the total picture of sound health.

g. The purpose and value of daily health observations.
  - (1) The importance of understanding the necessity for combating superstitions as factors influencing total health.
  - (2) The importance of avoiding self-diagnosis and self-medication.
  - (3) The importance of self-observation and periodic recording of deviations from the usual health patterns as an aid to the doctor in diagnosis.

2. Skin

a. A knowledge of the structure and function of the skin.

b. A knowledge of the factors essential for maintaining a healthy skin.
  - (1) adequate rest
  - (2) exercise
  - (3) proper diet
  - (4) cleanliness

c. Skin problems and the teen-ager
  - (1) acne
  - (2) excessive oil and preparation

d. Body odor and its prevention
  - (1) Prevention of odor through cleanliness
  - (2) The use of deodorant and prespiration depressants in skin care.

e. Intelligent standards for judging "magic" claims in cosmetic advertisements.
  - (1) deodorants
  - (2) soap
  - (3) skin lotions
  - (4) shaving lotions
  - (5) others

f. Cosmetic (girls)
  - (1) proper make-up
  - (2) the use of face creams
  - (3) the procedure to follow in the selection of face powders

g. Abuse of cosmetics
  - (1) eye make-up (girls)
  - (2) other make-up (girls)
  - (3) the relationship of the Federal Food, Drug and Cosmetic Law of 1938 to toilet preparations

h. Skin reactions to various cosmetics

i. The cause, prevention, control and care of skin conditions.
   (1) scabies
   (2) athlete's foot
   (3) boils
   (4) poison ivy
   (5) ringworm
   (6) impetigo

j. Common skin allergies and their care
   (1) hives (urticaria)
   (2) giant hives (angio-neurotic edema)
   (3) exzema
   (4) contact dermatitis

3. Hair

a. The structure and function of hair

b. Important aids in keeping the hair attractive
   (1) The effects of good brushing of hair and scalp.
   (2) The effects of washing & shampooing on hair & scalp.

c. Trends in hairdressing styles for boys and girls and their relationship to their health.

d. Possible dangers in the use of hair dyes.

e. Method of evaluating places and material for hair grooming and factors which govern one's choice.
   (1) barber shop
   (2) beauty parlor
   (3) preparations

f. Baldness as a special hair and scalp problem.

g. Abnormal hair growth
   (1) the role of the dermatologist in the safe and effective removal of superfluous hair
   (2) Electrolysis as a safe measure for permanent removal of hair
   (3) dangers of self-care

h. The significance of proper grooming.

4. Nails

a. The structure and function and growth of nails

b. The care and grooming of nails
   (1) the use of a clean brush, nail file or orange stick.
   (2) shaping
   (3) polishing

c. Standards for judging advertisements in connection with nail polish preparations

d. The relationship of proper care of the nails to attractive personal appearance for all occasions.

e. The relationship of diet to fingernails.

5. Cleanliness

a. The importance of a daily bath or shower for cleanliness and good grooming.

b. The significance of washing hands before handling food.

c. The value of a warm bath in the evening, just before bed-time.

d. Superstitions regarding bathing habits.

e. The dangers of extremely hot baths.

f. The value of cold baths.

6. Clothing

a. The function of clothing.

b. Bases for the selection of a wardrobe.
(1) body build
(2) good taste
(3) age
(4) individual differences
(5) weather

c. The use of color and design to improve one's appearance.

d. The effect of clothing on posture.

e. The relationship between a becoming costume and one's confidence.

f. The importance of being well dressed at a minimum of expense.

g. Care of clothing
(1) laundering
(2) cleaning
(3) pressing
(4) proper hanging, folding & storing
(5) frequent change

7. Posture

a. The meaning of good posture
(1) the state of readiness for action
(2) the manner in which one carries himself
(3) the relationship of parts of the body to each other

b. The values of good posture
   (1) attractive appearance
   (2) effective functioning of organs
   (3) efficiency in movement
   (4) social and economic significance

c. Factors which affect posture
   (1) alignment of skeletal framework
   (2) habits of walking, standing and sitting
   (3) mental attitude
      (a) alertness
      (b) worry
      (c) anxiety
      (d) confidence
   (4) Nutrition
      (a) proper balance of food
      (b) adequate intake

   (5) Structural and functional defects
      (a) injury
      (b) congenital disabilities
      (c) physical defects
         auditory
         visual
         skeletal
         neurological
   (6) Exercise, rest and relaxation
      (a) avoidance of tension
      (b) elimination of fatigue
   (7) Environment
      (a) proper temperature and humidity
      (b) suitable ventilation
      (c) effective illumination
      (d) appropriate furniture
   (8) Wearing apparel

   (9) Absence of disease

d. Effects of poor posture on health and the position of organs.

8. Foot Health

a. The structure and function of the foot.

b. Proper foot care
   (1) daily bathing
      (a) proper drying
      (b) use of powder
   (2) daily change of socks or hose
   (3) balanced diet
   (4). appropriate exercise
   (5) adequate rest and relaxation
   (6) proper shoes
      (a) characteristics of good footwear
      (b) impracticability of fancy but foolish footwear
      (c) the effect of improper footwear on the health of the feet, body alignment and safety
      (d) the undesirability of sneakers for every day wear.

c. Results of improper care of the feet
    (1) flat feet
    (2) weak arches
    (3) bunions
    (4) corns
    (5) ingrown toenails
    (6) athlete's foot
    (7) odoriferous feet
    (8) tired, strained and aching feet
    (9) shortening of the tendon of Achilles

d. The effect of fluoroscoping as a means of determining proper shoe size.

9. Ears and Hearing

a. The structure and function of the ears.

b. The relationship of general health to hearing.

c. Organs responsible for body balance.

d. Causes of hearing impairment.

e. The relationship between hearing and speech.

f. The effect of attitude on hearing.

g. The importance of an otological examination in the protection of hearing.

h. Dangers of self-medication for the relief of hearing difficulties.

i. The use of earplugs and swimming caps when swimming and diving.

j. Evaluating advertisements of hearing aids.

k. The attitude of individuals toward those who have hearing difficulties.

l. The responsibility of the individual and the home for facilitating the adjustment of the hard of hearing.

m. Community resources available for those in need of lip reading instruction and hearing aids.

10. Eyes

a. The gross structure of the eyes.

b. Natures's means of protecting the eyes.

c. Common signs and symptoms of vision difficulties.
    (1) bloodshot eyes

(2) crusty lids
(3) squinting
(4) facial grimaces

d. The role of eye specialists

(1) oculist
(2) optometrist

e. Eye health and safety

(1) the use of goggles
(2) the effect of food on the health of eyes
(3) tests for determining gross visual acuity
(4) the effect of muscular imbalance on vision
(5) the effect of mascara and eye shadow upon the eye
(6) the responsibility of the individual and the community for improving conditions related to eye health.

f. Avoidance of eye strain and discomfort through requiring acceptable physical standards in reading material.

g. Protection of eyesight through desirable health practice.

h. Common visual defects and ways to correct them.

11. Dental Health

a. Knowledge of the structure, growth and function of the teeth.

b. The importance of proper dental occlusion and factors which may affect it.

c. Conditions which affect dental health.
(1) gingivitis
(2) pyorrhea

d. The importance of early and continuous care of defective teeth on general well-being.

e. The effect of chewing gum, sweets and soft drinks on dental health.

f. The process of dental decay.

g. The X-ray as a modern aid in dental diagnosis.

h. The value of dentrifices and mouthwash as aids in promoting dental health.

i. Fluorine as a decay preventive.

j. "Pros" and "cons" of natural and artificially fluoriated water.

k. Dental services available in the community.

12. Selected Student Activities

a. Class Discussion

(1) Arrange to have a member of the county medical society lead a discussion on "Accepted Standards Regarding the Need and Frequency of Regular Medical Examinations".

(2) Arrange for the showing of films dealing with the care of the feet, hair, nails, skin, eyes and teeth. Such films may be obtained through the Bureau of Audio-Visual Instruction.

(3) Invite the school physician to speak to the class on "The Importance of Discovering Atypical Health Conditions in Their Early States."

(4) Arrange for a panel discussion on the subject, "The Role of the Student and Parent in Student Health Examination and Followup." The panel may include a student, parent, school nurse and teacher of health education.

(5) Have representatives of the county medical and dental societies report on "The Specialized Training and Experience of the Physician and Dentist."

(6) Interview the district health officer of the Department of Health on "The Responsibility of the Department of Health in the Total Picture of Student Health."

(7) Tape record an interview with a member of the Department of Health and Physical Education of local colleges on the subject, "The Interplay of Physical, Mental, Social and Emotional Factors in the Total Picture of Sound Health."

(8) Have students read and report on the importance of avoiding self-diagnosis and self-medication.

(9) Arrange to have the district health education counselor lead a discussion on "The Necessity for Combatting Supersititions As Factors Influencing Total Health."

(10) Have students review items inherent in a good medical examination.

(11) Invite a representative of the American Red Cross First Aid Staff to address the class on first aid practices with respect to skin, nails and eyes.

(12) Have students interview a dermatologist of a local hospital or clinic regarding common skin allergies and their care and report the results to the class.

(13) Arrange for a school nurse or teacher of the health education department to lead a discussion on "Trends in Hairdressing styles for Boys & Girls and their relationship to Hair Health".

(14) Have students read and report on the effect of hair dyes on the health of the hair.

(15) Arrange for a survey of hair grooming establishments in order to set up criteria for evaluating sanitary aspects of such plans.

(16) Invite a dermatologist of the county medical society to talk to the class on the subject, "The Safe and Effective Removal of Superfluous Hair."

(17) Have students demonstrate the care and grooming of nails and use this as a basis for discussion.

(18) Have students collect advertisments dealing with cosmetic preparations and develop criteria for evaluating advertisers' claims.

(19) Invite a fashion editor from a publication to lead a discussion for the selection of a wardrobe at a minimum of expense.

(20) Have students read and report on factors which affect posture.

(21) Tape record an interview with a physician affiliated with the county society on the subject, "Results of Improper Care of the Feet."

(22) Have students read and report on the responsibility of the individual and the home for facilitating the adjustment of the hard of hearing and the visually handicapped.

(23) Arrange for a student debate on the "pros" and "cons" of fluoridated water.

b. Exhibits

(1) Display pictures revealing wholesome trends in hairdressing styles for boys and girls.

(2) Prepare glass slides depicting the structure of the skin, hair, nails, ears, eyes and teeth.

(3) Prepare a display of wearing apparel suited to age, weather and body build.

(4) Set up models (clay, plaster, papier-mache, etc.) of the feet, ears, eyes and teeth.

c. Bulletin Boards

(1) Post current newspaper and magazine articles dealing with the effect of fluoroscoping as a means of determining proper shoe size.

(2) Post community resources available for dental, ocular and auditory care.

(3) Post a list of criteria designed to facilitate the evaluation of grooming establishments.

d. Miscellaneous

(1) Develop a vocabulary list dealing with the areas discussed in personal hygiene.

(2) List recommended reading material in the area of personal hygiene.

(3) Prepare a chart identifying common signs and symptoms of vision difficulties.

(4) Make drawings revealing characteristic of good footwear.

(5) Prepare charts dealing with eye health and safety.

(6) Obtain data depicting the dental status of students in the class and prepare a statistical table showing the incidence of correction.

e. Evaluation

(1) To determine increase in knowledge, use:

(a) Written test and oral reports
(b) Inventories and rating scales
(c) Logs, diaries, anecdotal records and class discussion

(2) To determine changes in attitudes and practices, note:

(a) Evidence of increased interest in one's appearance and personal cleanliness

(b) Evidence of improved attitude regarding one's responsibility as shown by improved practices dealing with the care of the skin, hair, nails, ears, eyes, teeth, clothing and feet.

(c) Evidence of appreciation of the relationship of personal cleanliness to personality as shown by improved social acceptability.

Resources:

Health Teaching in Secondary Schools, Board of Education, New York City, N. Y.

IV. EVALUATION OF THE PROGRAM

A. Tests for Evaluating Knowledge, Attitudes & Behavior of Children

Attitudes are extremely difficult to measure by pencil and paper tests. Perhaps the primary reason for this is because children, as well as adult, find it easy to indicate how they know they ought to feel instead of making the critical analysis of how they actually feel toward a health practice or situation. Attitudes determined in this manner have been found to be more closely related to knowledge than to health behavior.

1. * Some indication of attitudes may be obtained from the reaction of pupils toward health as a subject of instruction and toward the development of health behavior. We observe the attitudes of pupils toward the school nurse, physician, dentist, the correction of physical defects, cleanliness, and sanitation of the school building, and toward public health activities in the community.

2. * It is fair to assume that an improvement in health attitudes accompanies any marked improvement in health practices, provided the improvement was not brought about by an attempt to earn some special award. Parents often have a better opportunity than teachers to observe improvements in the child's health attitudes.

3. * The teachers skill in the measurement of knowledge can be utilized in the field of health education as well as in other subjects. Teacher made tests are used in connection with class instruction, as measures of progress in learning and as a means of discovering individual children who need special attention. Standardized objective tests are used to measure the strength and weakness of health instruction, to get a comparative picture of pupil knowledge, and to evaluate factual learning which has taken place.

Resources:

School Health and Health Education--Sellery & Smith, 4th Edition.

1. Evaluation is the process of determining the effectiveness of the instructional program. It involves many kinds of progress and is somewhat limited due to the student, home and community environments.

2. Interpretation of the outcomes should result in helping the student to understand concepts of health education and therefore, apply them in everyday life.

3. Preparation of knowledge test - True-False, multiple-choice, Matching type, and completion-type. Tests improving attitudes and behavior - observation, surveys, questionnaires, rating scales, self evaluation scales, personal health inventory, list interviews, health records, and case studies.

4. Many Standardized Tests are now Available for Use in Elementary Schools:

a. Crow, Lester D. and Ryan, Lorteeta C. (edited by Brownell, C.L.)

Health and safety Education (grades 3 to 6 inclusive) Rockville Center, N.Y. Acorn Publishing Company.

b. Public School Publishing Company: Health Tests (grades 4-8) Bloomington, Ill. Public School Publishing Company.

c. Speer, Robert K., and Smith, Samuel: Health Tests (grades 4-8) Rockville Center, N.Y. Acorn Publishing Company.

B. Checklists and Questionnaires

1. Check list type of test could be a self-test on one's knowledge and desirable practice. Problem type check list--expression of their personal problems in health. Teacher check list through observation daily, weekly, etc. Everyday health skills. Use of commercial test and scales for measuring practices.

2. Questionnaires type - They include health attitudes, interest, knowledges or health practices.

C. Improvement in Pupils' Health Status

1. Improvement in pupils' health status calls for understanding and cooperation within a school program and the community. Annual check during the year and following Health Bulletin put out by the State Department. (See page 97).

2. The most significant results in the evaluation of pupil's health status are obtained when the same school physician examines the children repeatedly, recording changes in nutritional and general health status, and correction or non-correction of physical defects.

3. A change in the amount of free clinic service available within a community or a difference in the amount of clinic service in two otherwise comparable communities might sharply influence the number of corrections secured.

4. The number of dental corrections can be markedly increased through the school health education program.

5. Improvement in the health and nutritional status of the child is often evident to the physician, and sometimes to the teacher, even though this improvement cannot be recorded by objective health index.

6. An increase in the amount of milk in a diet of certain school children produced an accelerated growth in both the height and weight.

Resource: School Health and Health Education, 4th edition, 1961 by Turner, Dellery, and Smith.

D. Observations of Pupils' Behavior

Observing how children go about a task, how they work together, how they discuss and share information and ideas, how they report, and how well they manage the transition from one health activity to another: these are examples of situations which may be created to appraise their behavior. Some of the individual pupil items which shed a good eal of light on the application of health knowledge, and may readily be observed by the teacher, are as follows:

1. Evidence of a cleaner and more attractive school building.
2. Increased cooperation in helping to maintain a healthful classroom.
3. Improved personal cleanliness - related to the use of the handkerchief, hand washing and toilet practices, condition of clothing and eating.
4. Improved general appearance and posture, mental alertness, enthusiasm.
5. Improved eating habits as observed at lunch time - increased use of milk during snack and lunch periods.
6. Evidence of attitude changes with respect to appreciation of the human body and its functions.
7. Evidence of practices to limit the use of sweets and carbonated drinks for class trips and parties.
8. Improved practices with regards to working and playing in good light and in properly heated rooms.
9. Evidence of greater awareness of others, of social adjustments, personal friendliness, more willingness to share materials and to help when help is indicated.
10. Improved attitudes toward safety patrols, traffic officers, the handling of pets and animals, the handling of scissors, leaving material and equipment where they may cause falls, and so on.
11. Evidence of increasing responsibility for planning a balanced school day by participating in rest, play, lunch and work periods with decreasing assistance from the teacher.

a. An observation of an individual or group will be much more revealing if the teacher has something to use as a guide. A simple list of things to look for when engaged in appraising pupils make the difference between a thorough and objective evaluation and one that is weak and of limited value.

Resources: Health Education in the Elementary School, 1959
Carl E. Willgoose.

E. Personal interview with pupils and conferences with parents and health personnel.

1. Preparing for the Interview

Bingham and Moore, in a useful book, "How to Interview" have outlined six points to keep in mind when preparing for an interview. Discussed within the context of this chapter, they are:

a. Decide What is to be Accomplished: If an interview has been initiated by the child, the teacher will be guided in deciding what is to be accomplished by the expectations of the child. As the interview progresses and both teacher and child gain insights, these expectations may change. Expressed needs and interests, though not always the underlying reason for seeking help, do provide a starting point for a one-to-one relationship and should be honored.

Interviews initiated by the teachers as a result of some health condition observed or referred for attention likewise needs clear definition. For example, when a modified activity program has been prescribed for a child recovering from an illness, the teacher has the need and the right to know just what type of activity is suitable and in what amount. Directions from the child's physician, often relayed through the nurse working in the school, should be sufficiently explicit so that the teacher knows what can or should be attempted.

b. Know the Child Being Interviewed: Daily observation of the child at work and at play, health records, interviews with parents and health and counseling personnel are among the most productive ways of learning about the child to be interviewed. Usually this information is not complete when an interview or series of interviews starts; however, the teacher should secure as much background as possible before the interview. When good relationships have been established with a child and his parents, additional information is likely to come forth as the interview unfolds.

c. Make Appointments: This suggestion applies particularly when parents are involved. It may also be necessary to arrange with the child himself at a specific time when he and the teacher can sit down together without interruptions.

d. Provide For Privacy: Health for a child is a very personal matter. Problems he brings to a teacher should be held in confidence. He must feel he can talk freely and without fear of gossip or ridicule from other children. In a crowded classroom and in the midst of a busy school day, a confidential atmosphere may be difficult to attain; however, if a teacher is sensitive to the feelings of children he will doubtless find ways to talk with those in need of help without doing it in the presence of others.

Bingham, Walter Van Dyke, and Moore, Bruce Victor: How To Interview. 4th edition New York, Harper Brothers, 1959, pp. 64-65.

e. Practice Taking the Point of View of the Child Being Interviewed: This suggestion applies to all good teaching. It is particularly pertinent when dealing with personal health needs.

The teacher must comprehend the child's attitudes toward the health problem as well as his understanding of its implications. It is well to remember that his attitudes are usually influenced by those of family and friends as well as by his own values.

Important, too, is an understanding of the child's reaction to the teacher or other interviewer - what he really thinks about him and to what extent he is receptive to his help. If he holds the teacher in high esteem, if he believes he can be of help, then the teacher is in a better position to provide assistance than if such esteem were lacking. Yet there are exceptions to this generalization. Sometimes a teacher may be held high in esteem, yet be shunned for individual counseling. The very fact that he is highly respected can create temporary barriers to communication, for a child may want to "put his best foot forward" with such a person and not risk losing face. Then, too, by the very nature of his work, a teacher must often assume an authoritarian role, a role which can easily carry over into the one-to-one, relationship. Many children become passive before an authoritarian figure and inwardly resentful if not outwardly so.

f. Know your own Personality: Much has been written about the personality of the teacher and its effect on children. Self-analysis regarding one's feeling toward a child and one's prejudices toward the health condition under consideration is important. Not all children are easy to get along with and not all health problems are pleasant to handle. Conscious and unconscious reactions to situations can subtly influence the effectiveness of the interviewer.

An awareness of ways in which one deals with one's own personal needs within a face-to-face relationship is likewise important. Some people gain great satisfaction in regulating the lives of others. All of us want recognition from our supervisors and administrators for a job well done. We must ask ourselves frankly, "Are these personal needs entering into the relationship? Do they interfere with our sensitivity to the child's needs?" The teacher who recognized what his personal needs are and has some insight as to ways in which he is handling them will approach a one-to-one relationship more constructively than one who lacks such perspective.

2. Conducting the Interview

An interview is a two-way process with communication required on the part of both the interviewer and the one interviewed. A few pointers for conducting an interview are given here.

A. Establish Rapport: The pupil must feel comfortable with the teacher and must believe that the teacher is genuinely interested in him. He must know that the teacher accepts him for what he is and stands ready to help him in whatever way he requires help. The extent to which rapport can be established between the two depends greatly upon the image the child has of the teacher as a result of classroom encounters. In general it may be said that a child more readily responds to the warm, friendly teacher who likes children and has a basic faith and trust in them than to the teacher who is indifferent, nagging, or so involved with his own personal needs that those of the children go unheeded.

A first step in establishing rapport is recognizing and accepting the perceptions and attitudes a child holds toward the teacher as well as of the teacher's own feelings and reactions in the situation. Time and patience may be needed to change those perceptions, feeling, and reactions which interfere with effective communication. The teacher can increase his understanding of sound mental health principles conducive to good rapport through readings in the fields of educational psychology, guidance, counseling, and social work. Several helpful references are given at the end of this chapter.

At the very beginning of an interview, the teacher should make every attempt to put the child at ease. General conversation apart from the underlying reason for the interview may contribute to the relaxed atmosphere essential for easy communication. Several informal contacts may be necessary before a mutually satisfactory relationship has been established. Such preliminary overtures are time-consuming but are not time-wasting if they lead to understanding which makes it possible for the teacher to help the child.

B. Listen and Observe: Careful attention to the child's words will give clues which should be of value to the teacher. In health matters, we hear many things from children about illnesses and disease which should be taken in good faith, but not literally, for in truth they may be of little importance on the one hand, or on the other, may be symptomatic of more deep-lying problems requiring expert help. Listening becomes a good screening device in separating out those problems with which the teacher himself can safely and confidently deal from those which should be referred to others attention.

Listening with empathy helps a child to release tensions which may impede effective communication. If the child has taken the initiative in going to the teacher with a problem which is bothering him, he will expect a ready ear. Any tendency on the part of the teacher to control the interview at this point may so discourage the child that he will refuse to reveal the purposes of his visit. If the teacher, on his own, or on advice of health personnel, has initiated the interview, the reason for the interview should be explained, but again the child should be given the opportunity to present his point of view at the earliest possible moment.

Listening is a skill which must be developed. Few of us listen well. In teaching, particularly, we tend to dominate situations, giving others too little opportunity to talk. Studies have shown that in all walks of life we do selective listening. We hear what we want to hear and edit those things we hear so that they fill in with our beliefs and prejudices. Moreover, we do not hear many things at all simply because our previous experiences have not conditioned us to be alert to these things. Or we hear at a superficial level, not really grasping the full impact of what a person is saying. A classic example of this last is the child who tells his mother at breakfast that he doesn't feel well and wants to stay home from school. Taken at face value, he is sick. But on questioning the child, the mother may discover he is dodging a scheduled test at school. In one such instance, when a mother asked her seven year old daughter what kind of a pain it was, she replied, "I have the kind of pain that when I don't want to do something, I don't." A response showing more insight than is usually the case.

Observation during an interview serves several purposes. It may supplement a more casual observation of health condition which has led to the interview. It should not, however, become a diagnosis. For example, in the case of the fatigued child additional signs of difficulties that was observed while the child was among other children showed up during the teacher's interview with the child.

Posture, facial expressions, and other mannerisms and gestures may suffest emotional factors needing attention. They also give the teacher some indication of the degree to which rapport has been established and of the child's attitude toward his part in the interview.

When the interview is accompanied by the demonstration of a skill, as in laboratory or field work, observation may reveal faulty procedures which need correcting or well-administered procedures deserving of commendation.

C. Encourage Forward Movement Toward Great Self-Understanding and Self-direction: The pupil who has gone to the teacher for help should be encouraged as early as possible to state his problem. The teacher, in turn, should assist him to clarify the problem through raising pertinent questions or offering pertinent information. When the teacher initiates the interview, he too should define the problem in terms that are understandable and acceptable to the child and in a non-threatening manner. Together, they will grapple for facts which will throw further light on the problem and on possible steps required for its solution.

In an interview which has greater self-understanding and self-direction as its goal, the teacher should take care to avoid arriving at premature decisions. Moreover, the teacher will refrain from prescribing a specific course of action. Most children are anxious for quick and easy answers and are all too willing to let the teacher make decisions for them. It takes time and effort to think things through for oneself, especially if the difficulties to be overcome or lived with, are great as so often is the case with illnesses, disease, and handicapping conditions.

A variety of techniques has been suggested for helping with such forward movement toward behavior change. They are essentially the same techniques used in classroom teaching. A few typical examples of techniques adaptable to different age levels are mentioned here.

On an initial contact, questions such as "What have you on your mind?" or "Can I help you?" may help to launch a problem solving interview. As discussion proceeds and the need for clarification is evident, the teacher may comment on some pertinent thing he has noticed or raise such a question as, "Have you thought of this?"

Throughout the problem-solving process the child should be given essential facts which are comprehensible at his level of maturity. The teacher may possess or be able to secure some of these facts but sometimes will find it wiser to refer the child to the parent or to the health authority. The public health nurse working in the school is an indispensable link with parent, physician, or other source of health information of counseling.

In giving information, the teacher may use both the direct and indirect approach. An example of the direct approach would be telling a child with vision difficulties that he should sit in the front of the room and should always wear his glasses. An indirect approach might be raising question about his classroom practices in order to help him recognize on his own that his difficulties in seeing the blackboard may be the result of sitting at too great a distance from the front of the room or failure to use his glasses, and then asking him what he thinks he could do to improve the situation. With the direct approach goes the assumption that the teacher knows best and the child should comply with the teacher's directions. The indirect approach is intended to lead to greater self-direction. Both have their place. In emergency situations when quick decisions must be made the direct approach is necessary. The indirect approach is something to work with but must often be combined with the more direct approach until the child is ready to think and act for himself.

When a child seems anxious or tense and in need of support, a few quiet comments such as "I understand" or "You do have a problem" may help to ease the situation. Even a smile, an affirmative nod, or a response such as "Yes" or "Good" or "Right" have been found through studies to provide the encouragement needed for a person to continue toward a clarification or solution of this problem.

Sometimes in an interview there is a tendency to go over and over the same points. Though some repetition or at least some reviewing of the problems from different angles may be desirable, every effort should be made to move forward toward decision making. As a step in this direction, the teacher may from time to time wish to summarize what has occurred thus far. When time for decision-making has arrived, the teacher can further help the child to clarify his thinking and arrive at a plan for next steps by presenting alternative paths which may be followed, along with possible consequences of each potential choice, and by giving the child support until he has made his decisions. Follow-up interviews will often be necessary to help the child implement his decisions with action or modify his plans as further experience is gained.

d. Identify and Use Opportunities for Constructive Teaching and Learning: Instructional opportunities in the interview should be exploited to the fullest. The very process of problem-solving when perceived and used as such, can become an educational experience for the child.

The value of the interview as an educational tool is well illustrated in the case of children with special handicaps. A diabetic child,for example, must learn to follow medically prescribed measures and to make the emotional adjustments required so that he can live a reasonably normal life, despite his handicap. One elementary teacher with a diabetic child in her room found that the child would go to her now and then to talk about his condition and the measures which his parents and he were following under medical orders to control the disease. This teacher, whoe help in the case had been enlisted by parents and medical personnel was able in turn to assist the child in accepting his condition and in planning his day at school within limitations placed upon him. She did not admonish, cajole, or become overly solicitous, nor did she turn personal contacts with the child into formalized and structured interviews. She was a good listener, however, and when necessary, did not hesitate to remind, question, or offer supportive comments which would help the child. Bit by bit the child was able to accept the routines he must follow. Increasingly he was able to understand why these routines were important and how they could be executed at school without interfering seriously with studies or play.

In quite a different context, the interview can be employed effectively as an educational method when helping young people with their career goals. In larger school systems, guidance personnel may be available to counsel the students, but frequently the homeroom teacher or instructors in such courses as health, science, and home economics find themselves in a vocational counseling role regarding careers in health fields. Interest in some careers, such as nursing and medicine, may begin even during elementary years. Whenever a teacher discovers a young person who expresses interest in a specific career, he may raise a few well placed questions to help the person realistically view his own qualifications and his capacity for the required preparation. The teacher will, of course, share what information will refer the young person to resource materials and to people engaged in the work. The interview may lead to arrangements for the student to gain experience in a health agency or hospital during out-of-school hours in order to introduce him further to the career and to test his interest and abilities. Helping an individual in these ways may be exceedingly educational for him as well as useful in planning his future.

Physicians, nurses, dentists, health educators, nutritionists, guidance counselors; all form what is called the health personnel. They come in contact with each student in a small, yet important, degree. These people can help a great deal in promoting a healthful school environment.

They can help in planning the complete health program by advising or by meeting directly with classroom groups. These people cannot be avoided and should be used to the fullest extent. These specialists are vitally concerned with healthful living—at home, at school -- anywhere we can afford to work with them—we cannot afford to work without them.

A HEALTHFUL SCHOOL ENVIRONMENT PROMOTES LEARNING

Health History Form

*** Prepared by the Health Records committee of the** School Health Section of **the American Public Health Association.**

All schools should have on file a checklist or questionnaire for each pupil. **In many instances this will be a Health History Form.** These come in many **sizes and shapes. Example on next page.**

Date__________

* School____Room Number____

Name______________Address________________Phone No.____________

Birthplace_______________Birth Date______________Grade_____________

Family Dr.______________Address________________Phone_____________

Please check any of the following conditions that your child has had. (Give age and date)

Asthma
Diabetes
Exzema
Diptheria
Hayfever
Ears Running
Cholera
Epilepsy
Frequent colds, how often
Frequent coughs, " "
Frequent headaches " "
Frequent nosebleeds " "
Frequent sore throat "

German Measles
Heart Disease
Hernia
Measles
Poliomyelitis
Rheumatic Fever
Scarlet Fever
Speech defect
Tuberculosis (self)
Tuberculosis (family)
Wears glasses
Tires easily
Mumps

Fainting
Recent bed wetting
Growing pains
Operations, What?
Accidents, What?
Other serious illness. What?

Has child been immunized against the following:

	No	Yes	Date
Diptheria			
Tetanus			
Whooping cough			
Small Pox			
Poliomyelitis			
Others			

Family History Who Lives in Home?	Yes	No	Health Condition
Father			
Mother			
Brothers Ages			
Sisters Ages			
Others			

Health Habits:
How much milk every day?
What does child eat for breakfast?
Any other information you feel we should have.

Any food allergies?
Usual bedtime on school nights?

____
Signature of Parent

3. Interviews With Pupils: You can learn a lot from pupil interviews. Most elementary students are willing to answer questions. Questions such as: "What time do you go to bed?" "Do you watch much television?" "Do you eat breakfast everyday?"

Questions of this nature can provide a valuable insight to the child's environmental conditions at home.

Student Check List

1. Do you wash your hands several times a day, especially before eating?
2. Do you take a shower or bath each day? How often?
3. Do you wash your hair at least once a week?
4. Do you keep your nails clean?
5. Do you brush your teeth at least once a day?
6. Do you have your teeth checked by a dentist at least once a year?
7. Do you get a sufficient amount of rest during the day?
8. Do you get plenty of sleep at night?
9. Do you have a well balanced diet?
10. Do you have a physical examination at least once a year?

4. Conferences with Parents: Here, again, we can learn about the home environment of the child as well as the child himself. We not only can determine the needs of the student but of the whole family.

The parent can do a great deal in guiding the student in the proper direction to maintaining proper health habits. Little things like: brushing teeth, taking a bath, eating properly, and getting the proper rest, can be promoted by the parent. It must be noted that a child must be guided in the right direction at home as well as at school. But it takes cooperation.

* Parent Check List:

Does your child Yes No

1. Show improved health habits?
2. Eat a better balanced diet?
3. Show more concern for his own safety and health?
4. Play better with more children?
5. Seem more concerned about caring for his body?
6. Use more of his leisure time in outdoor play?
7. Go to bed earlier, get more sleep and rest?
8. Go more willing to the dentist?
9. Take better care of his teeth?
10. Have improved health, with fever, colds, or other types of illnesses?

* Teaching Health in Elementary Schools—Harper & Row, 1963.

V. TEACHING AIDS

A. Books and Pamphlets

1. Alcohol
    - a. Haggard H. W., et al., *Alcohol, Science and Society*, New Haven: Quarterly Journal of Studies on Alcohol, 1945.
    - b. Patrick, C. H., *Alcohol, Culture, and Society*, Durham, N.C. Duke University Press, 1947.
    - c. Pickett, D. *Some Notes on the Alcohol Problem*. New York: Abingdon-Cokesbury Press, 1947.
    - d. *Health Education in Elementary Schools* by Helen Leslie Coops, PH.D. A. S. Barnes and Company, New York, 1950.
    - e. *Physical Education and Healthful Living*, by Lester M. Farley, Warren R. Johnson, Benjamin H. Massey, New York: 1954. Prentice-Hall, Inc.
2. Exercises
    - a. Morehouse, L.E. and A.T. Miller, *Physiology of Exercises*, 2nd edition, St. Louis: C.V. Mosby Co., 1953.
    - b. Reidman, S., *The Physiology of Work and Play*. New York: The Dryden Press, 1950.
    - c. Schneider, E.C., and P.V. Karpovich, *Physiology of Muscular Activity*. Philadelphia: W.B. Saunders, Co., 1948.
3. Fatigue
    - a. Bartley, H. *Fatigue and Impairment in Man*. New York: McGraw-Hill Book Co., Inc., 1947
4. The Heart
    - a. Deutsch, F. E. Kauf, and L.M.Wardiedl, *The Heart and Athletics*. St. Louis: C.V. Mosby Co., 1927.
5. Nutrition and Diet
    - a. Bogert, L.J.Nutrition and Physical Fitness, 5th edition, Philadelphia: W. B. Saunders, 1949.
    - b. Pattee, A.F., *Vitamins and Minerals For Everyone*: Hazel E. Mussell Adviser. New York: Putnam, 1942
    - c. Wooster, H.A. and F.C. Blanche, *Nutritional Data*: Pittsburgh. H. J. Heinz Co., 1950.
6. Overweight and its Treatment
    - a. Cooley, D.G., *The New Way to Eat and Get Slim*. New York: Wilfred Funk, Inc. 1949.

b. Jollife, N., Reduce and Stay Reduced, New York: Simon and Schuster, 1952.

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a. Billig, H.E. Jr., and E. Loewendahl, Mobilization of the Human Body. Stanford, Calif. Stanford University Press, 1949.

b. Kiphuth, R.J.H., How To Be Fit, New Haven, Conn: Yale University Press, 1942.

8. Posture and Physique

a. Lee, M. and M.M. Wagner, Fundamentals of Body Mechanics and Conditioning. Philadelphia. W. B. Saunders, 1949.

9. Relaxation

a. Jacobson, E. You Can Sleep Well, Tower Book, 1941.

b. Rathbone, J.L. Relaxation. New York: Teachers College, Columbia University Press, 1943.

10. Tobacco

a. Steinhaus, A. H. and F. M. Grunderman, Tobacco and Health. 3rd Edition, New York: Associated Press, 1942.

b. Wood, F.L., What You Should Know About Tobacco. Grand Rapids, Michigan: Zondervan Publishing House, 1944.

11. Selected School Health Education Publications for Teachers.

a. American Association of School Administrators. Twentieth Year-Book: Health in Schools. Washington, D.C. National Education Association, 1942.

b. American Public Health Association, How To Find What Health Education Materials You are Looking For. N.Y. The Association, 1940.

c. Brownell, Clifford Lee. Principles of Health Education Applied. New York: McGraw-Hill Co. 1949.

d. Grout, Ruth E. Health Teaching in Schools. Philadelphia: W.B. Saunders Co., 1948.

e. Lankin, Nina B. Health Education in Rural Schools and Communities. New York: A.S.Barnes, Company, 1946.

12. Selected Health Textbooks For Elementary School Pupils

a. Andress, et al. Safe and Healthy Living Series. Boston: Ginn 1945.

b. Baruch, et al. Health Series. Chicago: Scott, Foresman, 1948.

c. Brownell, et al. Health of Our Nation Series. New York: American Book, 1945.

d. Burkard, et al. Health-Happiness-Success Series. Chicago, Lyons and Carnahan, 1947.

e. Chartes, et al. New Health and Growth Series. New York: MacMillan 1947.

f. Fowlkes and Jackson; The Healthy Life Series. Philadelphia: Winston 1940.

g. Turner, et al. Health-Safety-Growth Series. Boston: D.C. Heath, 1941.

h. Wilson, et al. The American Health Series. Indianapolis: Bobbs-Merrill, 1948.

B. AUDIO-VISUAL AIDS

1. Audio-Visual Library, State Board of Health, Jacksonville, Florida (over 700 Health Films)
2. Florida Department of Education, Division of Audio-Visual Education.
3. Association Films, Inc. 347 Madison Ave., New York, 17 New York.
4. Coronet Instructional Films, Coronet Bldg., 65 E. South Water St., Chicago 11, Illinois.
5. Society for Visual Education, 1343 W. Diversey Parkway, Chicago, Ill.
6. Teaching Films Custodians, 25 W. 43rd St., New York 36, N.Y.
7. Young American Films, 330 W. 42nd St., New York 18, N.Y.

C. AVAILABLE AGENCIES and RESOURCE PEOPLE

1. Health Education in Elementary Schools by Helen Leslie Coops, Ph.D. A.S.Barnes and Co. New York, 1950.
2. State of Ohio Dept. of Education Suggested Sources of Health Materials and Resources for Teachers, E.E.Holt, Superintendent of Public Instruction, Columbus, Ohio. 1963.

State Agencies

1. Florida State Board of Health.

   Volusia County Health Department
   a. Daytona Beach, East County Office
   b. New Smyrna Beach, - Branch Office
   c. DeLand — West county office

2. Florida Citrus Commission, Lakeland, Florida

   Federal Governmental Agencies (for all publications of U.S. Federal Governmental Ageencies address

Superintendent of Documents
U.S. Government Printing Office
Washington, 25, D.C.

3. Agencies Active in Health Education include:
    a. U. S. Department of Agriculture: Bureau of Human Nutrition and Home Economics, and Extension Service.
    b. U. S. Department of Labor, Children's Bureau.
    c. U. S. Office of Education
    d. U. S. Public Health Service
4. The National Education Association (for all publications address is)

National Education Association
1201 Sixteenth Street, N. W.
Washington, D.C.

5. Agencies active in Health Education include:
    a. Commissions: Educational Policies Commission National Committee on Safety Education.
    b. Committees: Health Problems in Education (Joint Committee with American Medical Association).
    c. Departments:
        (1) American Association for Health
        (2) Physical Education and Recreation
        (3) American Educational Research Association
        (4) Association for Supervision and Curriculum Development
        (5) Elementary School Principals
        (6) Kindergarten-Primary Education
        (7) Visual Instruction
        (8) Rural Education
6. Selected National Non-Governmental Health Agencies and Professional Association.

(1) American Dental Association
222 East Superior Street
Chicago 11, Illinois

(2) American Dietetics Association
25 East Washington Street
Chicago, 11, Illinois

(3) American Hearing Society
817-14th Street N. W.
Washington, 7, D.C.

(4) American Heart Association
1775 Broadway
New York City, 19, N.Y.

(5) American Medical Association
535 North Dearborn Street
Chicago, 10, Illinois

(6) American Public Health Association
1790 Broadway Avenue
New York City, 19, N.Y.

(7) National Committee for Mental Hygiene
1790 Broadway Avenue
New York City, 19, N.Y.

(8) National Safety Council
20 North Wacker Drive
Chicago 6, Ill.

(9) American Cancer Society
521 W. 57th Street,
New York City, N.Y. 19

(10) American Diabetic Association
1 Nevis Street,
Brooklyn 17, N.Y.

(11) American Foundation for The Blind
15 West 16th Street
New York 11, N.Y.

(12) American Genetic Association
1507 M. Street N.W.
Washington 5, D.C.

(13) American Hospital Association
18 East Division Street
Chicago 10, Illinois

(14) American Institute of Family Living
5287 Sunset Blvd.
Los Angeles 27, California

(15) American Optometric Association
4030 Chouteau Avenue
St. Louis 10, Missouri

(16) American Physical Therapy
1790 Broadway Avenue
New York City, 19, N.Y.

(17) American National Red Cross
529 So. Wabash Avenue
Chicago, Illinois

(18) Better Vision Institute
830 Fifth Avenue
New York City, 20, N.Y.

(19) Arthritis and Rheumatic Foundation
23 West 45th Street
New York City, 19, N.Y.

(20) National Committee on Alcoholism
2 East 103rd Street
New York City, N.Y.

(21) National Foot Health Council
The Phoenix Building
Rockland, Mass.

(22) National Society for the Prevention of Blindness
1790 Broadway Avenue
New York City, N.Y.

(23) National Tuberculosis Association
1790 Broadway Avenue
New York City, 19, N.Y.

D. BIBLIOGRAPHY—Books for Secondary Schools

AUTHOR	TITLE	PUBLISHER
Brownell, et al	High School Health	American Book Co. 1959
Clemensen & LaPorte	Your Health & Safety	Harcourt Brace Co.1957
Crisp, Katherine	Health For You	Lippincott & Co. 1954
Diehl, Harold S.	Elements of Healthful Living	McGraw-Hill, 1954
Diehl, and Layton	Health & Safety For You	McGraw-Hill, 1960
Duvall, Evelyn	Family Living	MacMillan, 1961
Eberhardt, et al	Health for Better Living	Lyons-Carnahan, 1955
Eberhardt, et al	Health & Human Welfare	Lyons-Carnahan, 1956
Goldberger & Hallock	Health For Life	Ginn & Co. 1961
Jenkins, et al	Teen-Agers	Scott,Foresman, 1954
Jones, E.G.	Enjoying Health	Lippincott & Co. 1956
Landis, Paul H.	Your Marriage & Family Living	McGraw-Hill, 1954
Landis & Landis	Building Your Life	Prentice-Hall, 1954
Leader, Miller, et al	Health & Safety For High School Students	Winston, 1959

Meredith, Florence, et al	Health & Fitness	D.C. Heath, 1957
Nicoll, Foster	Your Health Today and Tomorrow	Laidlaw Bros. 1956
Otto, et al	Modern Health	Holt, 1959
Rathbone, et al	Health in Your Daily Living	Houghton-Mifflin 1952
Smiley & Gould	Your Community's Health	MacMillan, 1952
Turner, C.E.	Personal & Community Health	C.V.Mosby, 1959
Walke, Nelson	Good Health	McGraw-Hill, 1955
Williams, Dorothea	Building Health	Lippincott & Co. 1959

BIBLIOGRAPHY OF MATERIALS

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   a. Columbia University, Teachers College
   Bureau of Publications
   525 West 120th Street
   New York City, 17, N.Y.

   b. New York University, Center for Safety Education
   18 Washington Square
   New York City, N.Y.

   c. University of Florida
   Project in Applied Economics
   College of Education
   Gainesville, Florida

   d. University of Stanford
   Stanford University Press
   California

   e. University of Wisconsin
   811 State Street
   Madison, 6, Wisconsin

2. Selected Industrial Sources of Health Education Materials

   a. American Institute of Baking
   1135 Fullerton Avenue
   Chicago, 14, Illinois

   b. American Meat Institute
   59 East Van Buren Avenue
   Chicago, 6, Illinois

c. Association of School Film Libraries
9 Rockefeller Plaza
New York City, N.Y.

d. Bristol-Myers Company
630 Fifth Avenue
New York, N.Y.

e. Erpi Classroom Films
1841 Broadway Avenue
New York City, N.Y.

f. Evaporated Milk Association
307 North Michigan Avenue
Chicago 1, Illinois

g. General Foods Corporation
250 Park Avenue
New York 17, N.Y.

h. General Mills Company
400 Second Ave. South
Minneapolis, Minn.

i. John Hancock Mutual Life Insurance Company
197 Claredon Street
Boston, Mass.

j. International Harvester Company
180 North Michigan Avenue
Chicago, Ill.

k. Metropolitan Life Insurance Co.
1 Madison Avenue
New York City, N.Y.

l. National Dairy Council
111 North Canal Street
Chicago 6, Illinois

m. National Live Stock and Meat Board
407 So. Dearborn Street
Chicago, Ill.

n. Proctor and Gamble Company
P. O. Box 599
Cincinnati, Ohio

o. American Automobile Association
Mills Building
Washington, D.C.

VI. SCHOOL HEALTH COUNCIL

A. Purpose

The school health council is an assembly that unites professional people in health and in education with lay people. Together they plan for a better healthful school environment. This council could be set up to serve a community of just one school.

A. Why have a school health council?

1. To help citizens understand the health problems of the home, school and community.

2. To support and aid in projects aimed at making the school a better place to work and to learn.

3. To provide a means by which the needs of the school can be determined.

B. Members

The membership should include only those interested in school and community betterment of the healthful environment. The following is a suggested list of potential members.

1. School

   a. Principal
   b. Physical education teacher
   c. Nurse
   d. School physician
   e. Guidance counselor
   f. Psychiatrist
   g. Teachers
   h. Custodians
   i. Dental Hygienists

2. Community

   a. Physicians and dentists
   b. Ministers
   c. Civic Leaders
   d. Mayor or council man
   e. P.T.A. Representative
   f. Service club representative
   g. Public Health officers

VII. SCHOOL SAFETY COUNCIL

A safety council is a group of individuals who are directed toward promoting and maintaining a safer school environment.

1. Types of school safety councils

   a. Classroom Safety Council

   This council concerns itself with good housekeeping and learning how to act safely as individuals and as groups. This council is usually informal with little organizational structure.

b. All School Safety Council:

This council works to promote a safer environment throughout the school. Students and teachers work together in making the school a safer institution. This council has a broader organizational structure--a president, vice-president, secretary, etc. Also included are committees such as inspection, publicity, fire drill, etc.

No matter how large or small health and safety councils are, they are all headed towards the same goal: "To promote and maintain a more healthful and safer school environment."

2. Why Have a School Safety Council?

   a. To analyze the cause and prevention of accidents in the school.
   b. To recommend prevention methods for preventing serious injuries.
   c. To distribute and design safety materials.